No. W 19385	Due no later than May 31, 2006	
Return to:	Annual Report Form	2. Registered Agent and Office NO PO BO
SECRETARY OF STATE	1. Mailing Address - Correct in this box, if applicable	RALPH MILLER
700 WEST JEFFERSON	I WILLER TRENCHING LIMITED LIABILITY	
PO BOX 83720	2032 E 600 N	ST ANTHONY, ID 83445
BOISE, ID 83720-0080	ST ANTHONY, ID 83445	1.
NO FILING FEE IF		
RECEIVED BY DUE DATE		3. New Registered Agent Signature
4. Limited Liability Compani	es: Enter Names and Addresses of Managers.	
Office 1	cs. Liner Names and Addresses of Managers.	
Name	Street or D.O. Add	
Pres. RalphM Sec. Regenan	iller 2032 E. 600 N. St. Andress Miller 2032 E. 600 N. St. Andress	Hony Id. 83445
J		J
5. Organized Under the Laws of:	6.	
IDAHO W 19385	Signature 129 00 M	Uler_ Date 3/8/06
IDAHO	6. Signature Regena Miller Name Printed)  Do Not Tape or Staple	Uler_ Date 3/8/060 Title Sec.