| No. <b>W 114383</b>  |  | Due no later than May 31, 2015       |                         | 2. Registered Agent and Address (NO PO BOX)                                      |         |             |  |
|--|--|--------------------------------------|-------------------------|--|---------|-------------|--|
| Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 | Annual Report Form  1. Mailing Address: Correct in this box if needed.  OPTIMUM CONSTRUCTION AND EXCAVATING LLC TODD OLSEN 5838 E IONA RD IDAHO FALLS ID 83401 |                                      |                         | TODD OLSEN 5838 E IONA RD IDAHO FALLS 83401  3. New Registered Agent Signature:* |         |             |  |
| BOISE, ID 83720-0080   |  |                                      | 3. <u>New</u> Registere |  |         |             |  |
| RECEIVED BY DUE DATE   |  |                                      |                         |  |         |             |  |
| 4. Limited Liability Companies: Enter N                        | ames and Addresse  | s of at least one Member or Manager. |                         |  |         |             |  |
| Office Held Name   |  | Street or PO Address                 | City                    | State  | Country | Postal Code |  |
| MEMBER TODD ANDREW OLSEN                                       |  | 5838 E IONA RD                       | IDAHO FALLS             | ID   | USA     | 83401       |  |
| 5. Organized Under the Laws of:                                | 6. Annual Report   | must be signed.*                     |                         |  |         |             |  |
| ID   | Signature: Todd A Olsen  |                                      | Date: 03/24/2015        |  |         |             |  |
| W 114383 Name (type or print): Todd A                          |  | print): Todd A Olsen                 |                         | Title: Owner   |         |             |  |
| Processed 03/24/2015   | * Electronically provided signatures are accepted as original signatures.  |                                      |                         |  |         |             |  |