| No. W 34226  |                 | Due no later than Oct 31, 2016 Annual Report Form  |                              |                         | 2. Registered Agent and Address (NO PO BOX) SAMANTHA ROBLES |         |             |  |
|--|-----------------|--|------------------------------|-------------------------|---|---------|-------------|--|
| Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080            |                 | 1. Mailing Address: Correct in this box if needed.  DR CONCRETE LLC SAMANTHA ROBLES 15 W MAIN REXBURG ID 83440 |                              | 15 W MAIN<br>REXBURG ID | to the region described to                                  |         |             |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   |                 |  |                              |                         |   |         |             |  |
| 4. Limited Liability Compar  | nies: Enter Nai | mes and Addresses of at  | least one Member or Manager. |                         |   |         |             |  |
| Office Held  | Name            |  | Street or PO Address         | City                    | State   | Country | Postal Code |  |
| MEMBER   | SAMANTHA        | ROBLES   | 168 E 2ND S                  | REXBURG                 | ID  |         | 83440       |  |
| 5. Organized Under the Laws of:  |                 | 6. Annual Report must be signed.*  |                              |                         |   |         |             |  |
| ID   |                 | Signature: Joseph  |                              | Date: 0                 | Date: 09/06/2016  |         |             |  |
| W 34226  |                 | Name (type or print): Joseph   |                              | Title: A                | Title: ACCOUNTANT   |         |             |  |
| Processed 09/06/2016 * Electronically provided signatures are accepted as original signatures. |                 |  |                              |                         |   |         |             |  |