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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------------------------------------------------------|---------------------|
| No. <b>W 39916</b>                                                                                                                                     |                      | <b>Due no later than May 31, 2013</b>                                                                                                                                                                |          | 2. Registered Agent and Address <b>(NO PO BOX)</b>            |                     |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                      | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>NORTH IDAHO SURVEYING, LLC<br>GREGORY GALE HOFFMAN<br>7494 W WRIGHT ST<br>RATHDRUM ID 83858<br>USA |          | GREGORY GALE HOFFMAN<br>7494 W WRIGHT ST<br>RATHDRUM ID 83858 |                     |
|                                                                                                                                                        |                      |                                                                                                                                                                                                      |          | 3. <u>New</u> Registered Agent Signature:*                    |                     |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.                                                           |                      |                                                                                                                                                                                                      |          |                                                               |                     |
| Office Held                                                                                                                                            | Name                 | Street or PO Address                                                                                                                                                                                 | City     | State                                                         | Country Postal Code |
| MANAGER                                                                                                                                                | GREGORY GALE HOFFMAN | 7494 W WRIGHT ST                                                                                                                                                                                     | RATHDRUM | ID                                                            | USA 83858           |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 39916</b>                                                                                           |                      | 6. Annual Report must be signed.*<br>Signature: Gregory Gale Hoffman<br>Name (type or print): Gregory Gale Hoffman<br>Date: 06/11/2013<br>Title: Manager, Sole Owner                                 |          |                                                               |                     |
| Processed 06/11/2013                                                                                                                                   |                      | * Electronically provided signatures are accepted as original signatures.                                                                                                                            |          |                                                               |                     |