No. W 187160		Due no later than Aug 31, 2018 Annual Report Form 1. Mailing Address: Correct in this box if needed. SABER EXCAVATION, LLC 505 S 3RD E PRESTON ID 83263		2.	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE					QUINN THOMAS 505 S 3RD PRESTON PRESTON ID 83263-8326 3. New Registered Agent Signature:*			
4. Limited Liability Comp	panies: Enter Nai	 mes and Addresses of at I	east one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER	QUINN THO		505 S. 3RD E.		RESTON	ID	USA	83263
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
υτ		Signature: Quinn T. Thomas			Date: 06/13/2018			
W 187160		Name (type or print): Quinn T. Thomas			Title: Manager			
Processed 06/13/2018 * Electronically provided signatures are accepted as original signatures.								