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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------|---------|---------------------------|--|
| No. <b>C 162913</b>                                                                                                                                    |                  | <b>Due no later than Oct 31, 2012</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>LOOSLI CONSTRUCTION, INC.<br>DELBERT LOOSLI<br>139 S LAVASIDE RD<br>BLACKFOOT ID 83221 |           | DELBERT LOOSLI<br>139 S LAVASIDE RD<br>BLACKFOOT ID 83221 |         |                           |  |
|                                                                                                                                                        |                  |                                                                                                                                                                                          |           | 3. <u>New</u> Registered Agent Signature:*                |         |                           |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |                  |                                                                                                                                                                                          |           |                                                           |         |                           |  |
| Office Held                                                                                                                                            | Name             | Street or PO Address                                                                                                                                                                     | City      | State                                                     | Country | Postal Code               |  |
| TREASURER                                                                                                                                              | RENETTE LOOSLI   | 139 S LAVASIDE                                                                                                                                                                           | BLACKFOOT | ID                                                        | USA     | 83221                     |  |
| SECRETARY                                                                                                                                              | RENETTE LOOSLI   | 139 S LAVASIDE                                                                                                                                                                           | BLACKFOOT | ID                                                        | USA     | 83221                     |  |
| PRESIDENT                                                                                                                                              | DELBERT L LOOSLI | 139 S LAVASIDE                                                                                                                                                                           | BLACKFOOT | ID                                                        | USA     | 83221                     |  |
| 5. Organized Under the Laws of:                                                                                                                        |                  | 6. Annual Report must be signed.*                                                                                                                                                        |           |                                                           |         |                           |  |
| <b>ID<br/>C 162913</b>                                                                                                                                 |                  | Signature: Renette Loosli                                                                                                                                                                |           |                                                           |         | Date: 09/04/2012          |  |
|                                                                                                                                                        |                  | Name (type or print): Renette Loosli                                                                                                                                                     |           |                                                           |         | Title: Secretary/Tresurer |  |
| Processed 09/04/2012                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                                                                |           |                                                           |         |                           |  |