

|  |  |   |  |       |         |             |
|--|--|---|--|-------|---------|-------------|
| No. <b>W 129741</b>  | <b>Due no later than Oct 31, 2016</b><br><b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b>  |   | SUSAN PETRUZZELLI<br>3090 HIGHLAWN DR<br>TWIN FALLS ID 83301 |       |         |             |
|  | PETRUZZELLI CONSTRUCTION MANAGEMENT, LLC<br>SUSAN PETRUZZELLI<br>3090 HIGHLAWN DR<br>TWIN FALLS ID 83301     |   | 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 |
| MEMBER   | SUSAN PETRUZZELLI  | 3090 HIGHLAWN DR  | TWIN FALLS   | ID    | USA     | 83301       |
| MEMBER   | PAUL PETRUZZELLI   | 3090 HIGHLAWN DR  | TWIN FALLS   | ID    | USA     | 83301       |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 129741</b>  | 6. Annual Report must be signed.*<br>Signature: Susan Petruzzelli<br>Name (type or print): Susan Petruzzelli |   | Date: 09/12/2016<br>Title: Member                            |       |         |             |
| Processed 09/12/2016   |  | * Electronically provided signatures are accepted as original signatures. |  |       |         |             |