

|                                                                                                                                                        |             |                                                                                                                                                            |             |                                                     |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------|---------|-------------|--|
| No. <b>W 127001</b>                                                                                                                                    |             | <b>Due no later than Jul 31, 2018</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><br>ELLIS CONTRACTING SERVICES, LLC<br>TRACI ELLIS<br>826 JERI AVE<br>IDAHO FALLS ID 83402<br>USA |             | TRACI ELLIS<br>826 JERI AVE<br>IDAHO FALLS ID 83402 |         |             |  |
|                                                                                                                                                        |             |                                                                                                                                                            |             | 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                                                                                                                                                | TRACI ELLIS | 826 JERI AVE                                                                                                                                               | IDAHO FALLS | ID                                                  | USA     | 83402       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 127001</b>                                                                                          |             | 6. Annual Report must be signed.*<br>Signature: Traci Ellis<br>Name (type or print): Traci Ellis<br>Date: 06/26/2018<br>Title: Manager                     |             |                                                     |         |             |  |
| Processed 06/26/2018                                                                                                                                   |             | * Electronically provided signatures are accepted as original signatures.                                                                                  |             |                                                     |         |             |  |