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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------------------|---------|-------------|--|
| No. <b>C 133427</b>                                                                                                                                    |                  | <b>Due no later than Apr 30, 2018</b>                                                                                                                                      |             | <b>2. Registered Agent and Address (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><br>PRAIRIE FAB & REPAIR, INC.<br>MICHAEL T MURPHY<br>720 DENVER CEMETERY ROAD<br>GRANGEVILLE ID 83530<br>USA |             | MICHAEL T MURPHY<br>712 DENVER CEMETERY ROAD<br>GRANGEVILLE ID 83530 |         |             |  |
|                                                                                                                                                        |                  |                                                                                                                                                                            |             | 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 |  |
| PRESIDENT                                                                                                                                              | MICHAEL T MURPHY | 714 DENVER CEMETERY RD                                                                                                                                                     | GRANGEVILLE | ID                                                                   | USA     | 83530       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 133427</b>                                                                                          |                  | 6. Annual Report must be signed.*<br>Signature: michael murphy<br>Name (type or print): michael murphy<br>Date: 02/27/2018<br>Title: president                             |             |                                                                      |         |             |  |
| Processed 02/27/2018                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                                                  |             |                                                                      |         |             |  |