

No. W 17844	Due no later than January 31, 2006 Annual Report Form		2. Registered Agent and Office NO PO BOX GARY ERICKSON 355 WEST ST ALBION, ID 83311																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable ERICKSON CONSTRUCTION, L.L.C. PO BOX 545 ALBION, ID 83311		3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Members. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: left; width: 15%;"><u>Office held</u></th> <th style="text-align: left; width: 25%;"><u>Name</u></th> <th style="text-align: left; width: 30%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 15%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>member</td> <td>Connie Erickson</td> <td>P.O. Box 545</td> <td>Albion</td> <td>ID</td> <td>83311</td> </tr> <tr> <td>member</td> <td>Gary Erickson</td> <td>P.O. Box 545</td> <td>Albion</td> <td>ID</td> <td>83311</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	member	Connie Erickson	P.O. Box 545	Albion	ID	83311	member	Gary Erickson	P.O. Box 545	Albion	ID	83311
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member	Gary Erickson	P.O. Box 545	Albion	ID	83311																
5. Organized Under the Laws of: IDAHO W 17844	6. Signature <u>Connie L Erickson</u> Date <u>12/5/05</u> Name <small>(Typed or Printed)</small> <u>Connie L Erickson</u> Title <u>member</u>																				

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