

No. W 1907		Due no later than Jan 31, 2012		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. ADCOPE L.L.C. SHARI M MCDOWELL 621 21ST ST LEWISTON ID 83501		ROBERT BROWN 321 13TH ST LEWISTON ID 83501			
				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	ROBERT L COPELAND	1702 21ST STREET SUITE 105	LEWISTON	ID	USA	83501	
MEMBER	PHILLIP W ADAMEK	3445 ELKS DRIVE	LEWISTON	ID	USA	83501	
MEMBER	BARBARA L ADAMEK	3445 ELKS DRIVE	LEWISTON	ID	USA	83501	
MEMBER	LADEAN COPELAND	1702 21ST STREET SUITE 105	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of: ID W 1907		6. Annual Report must be signed.* Signature: Shari McDowell Name (type or print): Shari McDowell Date: 12/06/2011 Title: Controller					
Processed 12/06/2011		* Electronically provided signatures are accepted as original signatures.					