

No. <b>W 42954</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 12/08/2009</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> <del>DESIK KOURLEY</del> <del>315 E LOCUST AVE</del> <del>COEUR D'ALENE ID 83814</del> <b>Katie Eddy</b> <b>1919 N Rose Lane COA, ID</b>																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> PRECISION CONSTRUCTION SYSTEMS, LLC STEVEN C EDDY PO BOX 988 COEUR D ALENE ID 83814		3. New Registered Agent Signature. <b>Katie Eddy</b>																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Katie Eddy</td> <td>1919 N. Rose Ln</td> <td>COA</td> <td>ID</td> <td></td> <td>83814</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Katie Eddy	1919 N. Rose Ln	COA	ID		83814	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  <b>IDAHO</b> <b>W 42954</b>	6. Signature: <b>Katie Eddy</b> Date: <b>7/11/12</b> Name (type or print): <b>Katie Eddy</b> Title: <b>Agent</b>																																					

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### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1: Entity name may not be altered through the use of this form.** Pay special attention to the mailing address. If the