

|                                                                                                                                                        |                    |                                                                                                                                                          |          |                                                              |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------------------------------------------|---------|------------------|--|
| No. <b>W 81849</b>                                                                                                                                     |                    | <b>Due no later than Mar 31, 2011</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>WICKSTROM CONSTRUCTION, LLC<br>DENNIS WICKSTROM<br>3062 W KANDICE<br>MERIDIAN ID 83646-4138 |          | DENNIS WICKSTROM<br>3062 W KANDICE<br>MERIDIAN ID 83646-4138 |         |                  |  |
|                                                                                                                                                        |                    |                                                                                                                                                          |          | 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                                                                                                                                                 | DENNIS P WICKSTROM | 3062 W. KANDICE STREET                                                                                                                                   | MERIDIAN | ID                                                           | USA     | 83646-4138       |  |
| 5. Organized Under the Laws of:                                                                                                                        |                    | 6. Annual Report must be signed.*                                                                                                                        |          |                                                              |         |                  |  |
| <b>ID<br/>W 81849</b>                                                                                                                                  |                    | Signature: Pam                                                                                                                                           |          |                                                              |         | Date: 04/10/2011 |  |
|                                                                                                                                                        |                    | Name (type or print): Pam                                                                                                                                |          |                                                              |         | Title: Office    |  |
| Processed 04/10/2011                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                                                                                |          |                                                              |         |                  |  |