

|  |                 |   |           |   |         |                       |  |
|--|-----------------|---|-----------|---|---------|-----------------------|--|
| No. <b>W 96605</b>   |                 | <b>Due no later than Sep 30, 2012</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>HOFFMAN & SON QUALITY CONCRETE, LLC<br>KATIE HOFFMAN<br>340 SONNY ST<br>BLACKFOOT ID 83221 |           | HOFFMAN KATIE<br>340 SONNY ST<br>BLACKFOOT ID 83221 |         |                       |  |
|  |                 |   |           | 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           |  |
| MANAGER  | KATIE H HOFFMAN | 340 SONNY ST  | BLACKFOOT | ID  | USA     | 83221                 |  |
| 5. Organized Under the Laws of:  |                 | 6. Annual Report must be signed.*   |           |   |         |                       |  |
| <b>ID<br/>W 96605</b>  |                 | Signature: Kathleen Hoffman   |           |   |         | Date: 10/14/2012      |  |
|  |                 | Name (type or print): Kathleen Hoffman  |           |   |         | Title: Owner Operator |  |
| Processed 10/14/2012   |                 | * Electronically provided signatures are accepted as original signatures.   |           |   |         |                       |  |