P. RALPH MOILE	State of Rhode Island and I			
	Office of the Secr	Providence F etary of State		Fee: \$50.00
	Division Of Busin	ness Services		
	148 W. Rive			
og - Care .e	Providence RI 0			
Cretary of Sta	(401) 222-			
Limited Liability Co Annual Report	ompany			
Filing Period: September	r 1 - November 1			
	G.L. 7-16-66(d), each limited liability c			
	in thirty (30) days after the time prese to a penalty fee of \$25.00.	ribed by law (R.	I.G.L.	
ANNUAL REPORT YEA				
1. ID No. <u>0003462</u>	<u>193</u>			
2. Exact Name of the	Limited Liability Company Infrast	rux Hawkeye H	Ioldings, LLC	
3. State of Formation				
State: <u>DE</u>				
Holding Company 5. Principal Office Add	dress			
No. and Street: 600	UNIVERSITY STREET #600			
City or Town: <u>SEA</u>	ATTLE	State: <u>WA</u>	Zip: <u>98101</u>	Country: <u>USA</u>
-	Limited Liability Company and Na ct Title: UNIVERSITY STREET #600	ime or Title of	Contact Perso	on:
No. and Street: 600	UNIVERSITI STREET #000			
	ATTLE	State: <u>WA</u>	Zip: <u>98101</u>	Country: <u>USA</u>
City or Town: <u>SEA</u>	ATTLE of Each Manager of the Limited L			
City or Town: <u>SEA</u> 7. Name and Address	ATTLE of Each Manager of the Limited L BERS Individual Name	iability Compa	ny, if Applica Address	ble.
City or Town: <u>SE4</u> 7. Name and Address DO NOT LIST MEME Title	ATTLE of Each Manager of the Limited L BERS	iability Compa	ny, if Applica Address	ble.
City or Town: <u>SE</u> 7. Name and Address DO NOT LIST MEME	ATTLE of Each Manager of the Limited L BERS Individual Name	iability Compa	ny, if Applica Address	ble. 5 , Zip Code, Country TREET #600
City or Town: <u>SE4</u> 7. Name and Address DO NOT LIST MEME Title MANAGER	ATTLE of Each Manager of the Limited L BERS Individual Name First, Middle, Last, Suffix	iability Compa	Address Address Dity or Town, State	ble. 5 , Zip Code, Country TREET #600
City or Town: <u>SE</u> 7. Name and Address DO NOT LIST MEME Title MANAGER 8. RESIDENT AGENT I	ATTLE of Each Manager of the Limited L BERS Individual Name First, Middle, Last, Suffix INFRASTRUX GROUP, INC.	iability Compa	Address Address Dity or Town, State	ble. 5 , Zip Code, Country TREET #600

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 9 Day of October, 2010 at 12:48:55 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>LAURA LOUIS</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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