

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

Corporate ID No.	2. Name of Corporat	ion				
115652	1 ' '	SSOCIATES ENGINEERS	S. INC.		•	
Street Address Principal Busines			City	State	Zip	
1324 1st Str	-		Nampa	ID_	83651	
Business Phone No.	<u> 281. SQIII II </u>	5. State of Incorporation			6 SIC Code	
208-463-0333		IDAHO			7518	
Brief Description of the Charact ENGINEERING				******************************	ATTA CANADATA	
NAMES AND ADDRESS csident Name J. Reese Lea		RS: ("X" BOX FOR ATT	ACHMENT) DFILL IN Vice President Name Suzanne Le		ATTACHMENTS	
7611 Murphy	Road		Street Address 7611 Murph	y Road		
Melba	State ID	83641	City Melba	State ID	^{Zip} 83641	
creiury Name Suzanne Leav	itt		Treasurer Name Suzanne Le	Treasurer Name Suzanne Leavitt		
reer Address 7611 Murphy	Road		Street Address 7611 Murphy Road			
Melba	State ID	83641	City Melba	State	^{Zip} 83641	
NAMES AND ADDRESS Irector Name J. Reese Lea		ORS: (*X" BOX FOR A	TTACHMENT) FILL Director Name Suzanne Le	IN SPACES BEFORE USIN	NG ATTACHMENT:	
7611 Murphy	Road	· · · ·	Street Address 7611 Murp	ny Road	· <u> </u>	
Melba	State ID	^{Zip} 83641	City Melba	State ID	^{Zip} 83641	
irector Name	••••		Director Name			
		_	Street Address			
ity	State	Zip	City	State	Zip	
O. SHARES AUTHORIZE UTHORIZED SHARES	D ("X" BOX FOR A	TTACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACE		
lumber of Shares	Class/Series	Par Value	Number of Shares	Class/Soncs	Par Value	
20,000 COMM NO PAR VALUE			10,000	common	no-par	

	*115662	
File Date	2.3-05	
Check No	5629	
Ву:	<u>a</u>	
	FOR SECRETARY OF STATE USE ONLY	

Under peopley of porjury, I declare and affirm	that I have examined this repor
ncluding any accompanying schedules and schedules and schedules and correct.	1-28-05
Signature of Officer	Date
J. Reese Leavitt	
Print or Type Name of Officer	
President	
Title of Officer	Form 630 Rev. 12/03



1. Corporate ID No.

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

FOR SECRETARY OF STATE USE ONLY

2. Name of Corporation

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ____

2004 Filing Fee: \$50.00 Filing Period: January 1 - March 1 (FORM MUST BE TYPED OR PRINTED IN BLACK)

115662	LEAVITT & A	SSOCIATES ENGINEERS	inc			
Street Address Principal Business C	~		City	State	Zip	
1324 1st Stree	et South		Nampa	ID	83651	
Business Phone No.		5. State of Incorporation			6. SIC Code	
208-463-0333	<u> </u>	IDAHO			7518	
Brief Description of the Character of ENGINEERING	f Business Conducted	in Rhode Island	•			
NAMES AND ADDRESSES	OF THE OFFICE	RS: ("X" BOX FOR ATT	ACHMENT) FILL IN	SPACES BEFORE USIN	G ATTACHMENTS	
sident Name			Vice President Name			
J. Reese Leav	itt		Suzanne Le	avitt		
ret Address 7611 Murphy Ro	oad		Street Address 7611 Murphy	y Road		
) [']	State	Zip	City	State	Zip	
Melba	ID	83641	Melba	ID	83641	
retary Name	20	••••	Treasurer Name			
Suzanne Leavi	tt		Suzanne Le	avitt		
ect Address			Street Address			
7611 Murphy Ro	oad		7611 Murph	y Road		
,	State	Zip	City	State .	Zip.	
Melba	ID	83641	Melba	ID	83641	
NAMES AND ADDRESSES			TACHMENT) FILL	IN SPACES BEFORE USI	NG ATTACHMENTS	
ector Name			Director Name			
J. Reese Leav	itt		Suzanne Le	Suzanne Leavitt		
ret Address			Street Address			
7611 Murphy R	oad		7611 Murphy Road			
у	State	Zip	City	State	Zíp	
Melba ector Name	ID	83641	Melba Director Name	ID	83641	
none			none			
cet Address			Street Address			
ty	State	Zip	City	State	Zip	
O. SHARES AUTHORIZED	("X" BOX FOR A	TTACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACE	MENT)	
THORIZED SHARES	A DON FOR A		ISSUED SHARES			
mber of Shares	Class/Series	Par Value	Number of Shares	Glass/Scries	Par Value	
20,000 COMM NO PAR VAL	UE		10,000	common	no-par	
		<u> </u>				
This report must be s	igned in ink by e	ither the President, Vice	President, Secretary, Assis	tant Secretary, Treasurer,	Receiver or Trustee	
	ERA HERBERT ENGLES	 				
_ 			Under penalty of t	perjuτy, I decitare and affirm	that I have examined this	
<u>* 1</u>	1 5 A A	<u>2</u> *	including any acco	ompanying schedules and st	atements, and that all state	
2	1-04			upe true aprò correct.		
ile Date	1- U 1		X/X/	11/1/11 2-	26.2004 _	
	10001	-	Signamic of Office		Date	
heck No.	1007	}	7000	50 1000 "+	} •	
a 1			J. MEESE LEUVILL			

2. Name of Corporation

1. Corporate ID No.

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

iling	Period: January 1-March	11 •	Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

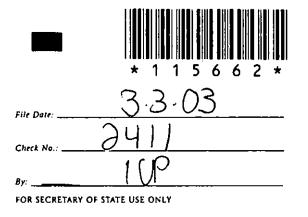


115662	LEAVITT & ASSO	CIATES ENGINEERS, I	NC.		
3. Street Address Principal Business Off 1324 1st Street S	ice	<u>-</u>	ciry Nampa	State ID	^{Zip} 83651
4. Business Phone No. 208-463-0333		5. State of Incorporation IDAHO			6. SIC Code 7518
7. Brief Description of the Character of Structural Engine					
8. NAMES AND ADDRESSES President Name J. Reese Leavitt Street Address	S OF THE OFFICER	RS ("X" BOX FOR ATTACHE	FILL IN SPACES Vice President Name Suzanne Leav Street Address	BEFORE USING ATTACI	HMENTS
7611 Murphy Road			7611 Murphy	Road	
Melba	State ID	zıp 83641	cuy Melba	State ID	2ip 83641
Secretary Name			Treasurer Name		• • • • • • • • • • • • • • • • • • • •
Suzanne Leavitt			Suzanne Leav	ritt	
7611 Murphy Road			7611 Murphy		
Melba	State ID	21p 83641	Melba	State ID	21p 83641
9. NAMES AND ADDRESSES Director Name J. Reese Leavitt Street Address 7611 Murphy Road	S OF THE DIRECT	ORS (*X* BOX FOR ATTAC	HMENT) FILL IN SPAC Director Name Suzanne Leav Street Address 7611 Murphy		CHMENTS
Melba	State ID	^{Zip} 83641	City Melba	State ID	^{Zip} 83641
Director Name			Director Name		
none Street Address			none Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (AUTHORIZED SHARES	"X" BOX FOR ATTACHE	AENT)	11. SHARES ISSUED ('*X" BOX FOR ATTACHMENT	1
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
20,000 COMM NO PAR VALU	JE		10,000	common	no-par
m)	to take his alabor.	de Breider 16er be		:	,,

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Title of Officer

4 5 €



Under penalty of perjury, I declare and affirm that I have examined lading any companying schedules and statements, and epts concined herein are true and correct.



Edward S. Inman 100 North Main Street, Provid

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002 Filing Period: January 1-March 1 • Filing Fee: \$50.00

III. Secretary of State Corporations Division lence, RI 02903-1335 401-222-3040 STOP PLEASE READ INSTRUCTIONS
3651 C Code 7518
83641
83641 rs

(FORM MUST BE TYPED IN BL.	ACK)				
1. Corporate ID No.	2. Name of Corporat	ion		•	<u> </u>
115662	•	SSOCIATES ENGINEERS	S. INC.		
3. Street Address Principal Busines			City	State	Zip
1324 1st Stre 4. Business Phone No.	et South	5. State of Incorporation	Nampa	ID	83651 6. SIC Code
208-463-0333 7. Brief Description of the Characte	er of Business Conducted in	IDAHO n Rhode Island			7518
Structural En 8. NAMES AND ADDRES President Name	-		CHMENT) FILL IN SPACE Vice President Name	S BEFORE USING ATTAC	HMENTS
J. Reese Leav	itt		Suzanne L	eavitt	
7611 Murphy R	oad		. 7611 Murp	hy Road	
City	State	Zip	City	State	Zip
Melba Secretary Name	ID	83641	Melba Treasurer Name	. ID	83641
Suzanne Leavi Street Address	tt	ŧ	Suzanne L	eavitt	
7611 Murphy R	load		7611 Murp	hy Road	
City	State	Zip	City	State	Zip
Melba	ID	83641	Melba	ID	83641
9. NAMES AND ADDRES Director Name	SSES OF THE DIRE	CTORS ("X" BOX FOR AT	TACHMENT) FILL IN SPA	CES BEFORE USING ATTA	ACHMENTS
J. Reese Leav	itt		Suzanne L Street Address	eavitt	
7611 Murphy R	load State	Zip ·	7611 Murp	_	77-
Melba Director Name	ID	83641	Melba Director Name	State ID	83641
none Street Address			none Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE	D ("X" BOX FOR ATTA	CHMENT)	. 11. SHARES ISSUED INSUED SHARES	("X" BOX FOR ATTACHMENT	"
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
20,000 COMM NO PAR V	ALUE		10,000	common	no-par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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	2.8-02		
File Date:			
a	926		
Check No.:	3		
	Ce		
Ву:			

FOR SECRETARY OF STATE USE ONLY

Under penalty of perfury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

that thi statements contained here	ein are true and correct.	
A) Velu	2-4-2002	
Senature of Officer	Date	
J. REESE LEAU,	TT	
Print or Type Name of Officer		

Title of Officer Ferm 630 12/01 **⊲**

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

ENGINEERS, INC. City

State

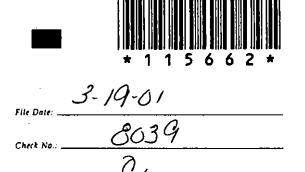
Filing Period: January 1-March 1 • Filing fee: \$50.00

(FORM MUST BE TYPED IN BLACK)	
1. Corporate ID No. 115662	2 Name of Corporation ASSOCIATES

3. Street Address Principal Business Office

1324 1st Street	South:	5. State of incorporation IDAHO	Nampa	ID	83651 6. SIC Code
208-463-0333 ? 7. Brief Description of the Character of B					7518
Structural Engis B. NAMES AND ADDRESSES President Name				BEFORE USING ATTAC	HMENTS
J. Reese Leavit	t		Suzie Leavi	tt	. . .
7611 Murphy Roa	d State	Zip	7611 Murphy	Road State	Zip
Melba Secretary Name	ID	83641	Melba Treasurer Name	ID	83641
Suzie Leavitt Greet Addréss			Suzie Leavi Street Address		
7611 Murphy Roa	d State	Zip	7611 Murphy	State	Zip
Melba 9. NAMES AND ADDRESSES Director Name	ID OF THE DIREC	83641 CTORS (*X* BOX FOR ATTA	Melba CHMENT) FILL IN SPACE Director Name	ID S BEFORE USING ATTA	83641 ACHMENTS
J. Reese Leavit			Suzie Leavi Street Address 7611 Murphy	1	
7611 Murphy Roa City Melba Director Name none Street Address	Ciate ID	^{Zip} 83641	City Melba Director Name none Street Address	State ID	21g
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (* AUTHORIZED SHARES	X* BOX FOR ATTA	CHMENT)	11. SHARES ISSUED (* ISSUED SHARES	X° BOX FOR ATTACHMENT) .
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
20,000 COMM NO PAR	VALUE		10.000	common	no-par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined poort, including any accompanying schedules and statements, and statement contained herein are true and correct.

President Title of Officer

Form 630 12/00