



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

1. Corporate ID No. 115662		2. Name of Corporation LEAVITT & ASSOCIATES ENGINEERS, INC.			
3. Street Address Principal Business Office 1324 1st Street South			City 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 Business Conducted in Rhode Island ENGINEERING					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name J. Reese Leavitt			Vice President Name Suzanne Leavitt		
Street Address 7611 Murphy Road			Street Address 7611 Murphy Road		
City Melba	State ID	Zip 83641	City Melba	State ID	Zip 83641
Secretary Name Suzanne Leavitt			Treasurer Name Suzanne Leavitt		
Street Address 7611 Murphy Road			Street Address 7611 Murphy Road		
City Melba	State ID	Zip 83641	City Melba	State ID	Zip 83641
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name J. Reese Leavitt			Director Name Suzanne Leavitt		
Street Address 7611 Murphy Road			Street Address 7611 Murphy Road		
City Melba	State ID	Zip 83641	City Melba	State ID	Zip 83641
Director Name none			Director Name none		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
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



115662

File Date	<u>2.3.05</u>
Check No.	<u>5629</u>
By:	<u>2</u>
FOR SECRETARY OF STATE USE ONLY	

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

[Signature] 1-28-05
Signature of Officer Date
J. Reese Leavitt
Print or Type Name of Officer
President
Title of Officer



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 115662		2. Name of Corporation LEAVITT & ASSOCIATES ENGINEERS, INC.			
3. Street Address Principal Business Office 1324 1st Street South		City 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 Business Conducted in Rhode Island ENGINEERING					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name J. Reese Leavitt			Vice President Name Suzanne Leavitt		
Street Address 7611 Murphy Road			Street Address 7611 Murphy Road		
City Melba	State ID	Zip 83641	City Melba	State ID	Zip 83641
Secretary Name Suzanne Leavitt			Treasurer Name Suzanne Leavitt		
Street Address 7611 Murphy Road			Street Address 7611 Murphy Road		
City Melba	State ID	Zip 83641	City Melba	State ID	Zip 83641
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name J. Reese Leavitt			Director Name Suzanne Leavitt		
Street Address 7611 Murphy Road			Street Address 7611 Murphy Road		
City Melba	State ID	Zip 83641	City Melba	State ID	Zip 83641
Director Name none			Director Name none		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
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



* 1 1 5 6 6 2 *

File Date 3.1.04
Check No. 4004
By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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

[Signature] 2-26-2004
Signature of Officer Date

J. Reese Leavitt
Print or Type Name of Officer

President
Title of Officer



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

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

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 115652		2. Name of Corporation LEAVITT & ASSOCIATES ENGINEERS, INC.			
3. Street Address Principal Business Office 1324 1st Street South		City 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 Business Conducted in Rhode Island Structural Engineering Services					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name J. Reese Leavitt		Vice President Name Suzanne Leavitt			
Street Address 7611 Murphy Road		Street Address 7611 Murphy Road			
City Melba	State ID	Zip 83641	City Melba	State ID	Zip 83641
Secretary Name Suzanne Leavitt		Treasurer Name Suzanne Leavitt			
Street Address 7611 Murphy Road		Street Address 7611 Murphy Road			
City Melba	State ID	Zip 83641	City Melba	State ID	Zip 83641
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name J. Reese Leavitt		Director Name Suzanne Leavitt			
Street Address 7611 Murphy Road		Street Address 7611 Murphy Road			
City Melba	State ID	Zip 83641	City Melba	State ID	Zip 83641
Director Name none		Director Name none			
Street Address		Street Address			
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)					11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)
AUTHORIZED SHARES			ISSUED SHARES		
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



* 1 1 5 6 6 2 *

File Date: 3.3.03

Check No.: 2411

By: 1UP

FOR SECRETARY OF STATE USE ONLY

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

J. Reese Leavitt 2.28.2003
Signature of Officer Date

J. REESE LEAVITT
Print or Type Name of Officer

PRESIDENT
Title of Officer



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

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 2002

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

LEAVITT & ASSOCIATES ENGINEERS, INC.

3. Street Address Principal Business Office

1324 1st Street South

City

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 Business Conducted in Rhode Island

Structural Engineering Services

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

J. Reese Leavitt

Street Address

7611 Murphy Road

City

Melba

State

ID

Zip

83641

Secretary Name

Suzanne Leavitt

Street Address

7611 Murphy Road

City

Melba

State

ID

Zip

83641

Vice President Name

Suzanne Leavitt

Street Address

7611 Murphy Road

City

Melba

State

ID

Zip

83641

Treasurer Name

Suzanne Leavitt

Street Address

7611 Murphy Road

City

Melba

State

ID

Zip

83641

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

J. Reese Leavitt

Street Address

7611 Murphy Road

City

Melba

State

ID

Zip

83641

Director Name

none

Street Address

City

State

Zip

Director Name

Suzanne Leavitt

Street Address

7611 Murphy Road

City

Melba

State

ID

Zip

83641

Director Name

none

Street Address

City

State

Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

20,000 COMM NO PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

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



* 1 1 5 6 6 2 *

File Date: 2-8-02

Check No.: 9240

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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

[Signature] 2-4-2002
Signature of Officer Date

J. REESE LEAVITT
Print or Type Name of Officer

PRESIDENT
Title of Officer



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

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001
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 **LEAVITT & ASSOCIATES ENGINEERS, INC.**

3. Street Address Principal Business Office
1324 1st Street, South City **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 Business Conducted in Rhode Island

Structural Engineering Services

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

J. Reese Leavitt

Street Address

7611 Murphy Road

City **Melba** State **ID** Zip **83641**

Secretary Name

Suzie Leavitt

Street Address

7611 Murphy Road

City **Melba** State **ID** Zip **83641**

Vice President Name

Suzie Leavitt

Street Address

7611 Murphy Road

City **Melba** State **ID** Zip **83641**

Treasurer Name

Suzie Leavitt

Street Address

7611 Murphy Road

City **Melba** State **ID** Zip **83641**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name

J. Reese Leavitt

Street Address

7611 Murphy Road

City **Melba** State **ID** Zip **83641**

Director Name

none

Street Address

City State Zip

Director Name

Suzie Leavitt

Street Address

7611 Murphy Road

City **Melba** State **ID** Zip **83641**

Director Name

none

Street Address

City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares Class/Series Par Value
20,000 COMM NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares Class/Series 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



* 1 1 5 6 6 2 *

File Date: **3-19-01**

Check No.: **8039**

By: **[Signature]**

FOR SECRETARY OF STATE USE ONLY

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

Signature of Officer

J. Reese Leavitt

Print or Type Name of Officer

President

Title of Officer

Date **3-14-01**