

No. 1001	Idaho Limited Liability Company Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX																
Return To Secretary of State 700 W Jefferson P.O. Box 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED	Due No Later Than November 30, 1995		JULIE FOSTER 416 W LEWIS																
	1 Mailing Address -- Please Correct If Not Correct		POCATELLO ID 83204																
	POCATELLO INSULATION, L.L.C. JULIE FOSTER 416 W LEWIS POCATELLO ID 83204		3. Organized Under The Laws of ID NO: 1001																
4. Names and Addresses of ☐ Managers or ☒ Members (check one) MUST BE PRINTED OR TYPED <table border="1"> <thead> <tr> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Julie Foster</td> <td>416 W. Lewis</td> <td>Pocatello</td> <td>ID</td> <td>83204</td> </tr> <tr> <td>Michael T. Foster</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table>					Name	Street or P.O. Address	City	State	Zip	Julie Foster	416 W. Lewis	Pocatello	ID	83204	Michael T. Foster	"	"	"	"
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Julie Foster	416 W. Lewis	Pocatello	ID	83204															
Michael T. Foster	"	"	"	"															
5. Signature of the Current Registered Agent (if changed in block 2)		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u>Julie Foster</u> Date <u>9/19/95</u> (Typed or Name Printed)																	