

No. W 122272	Due no later than Feb 28, 2015 Annual Report Form		2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. BRET OR SHAUNA L. FULLER, L.L.C. SHAWNA LEE FULLER 3106 N 3100 E TWIN FALLS ID 83301 USA		SHAUNA FULLER 3106 N 3100 E TWIN FALLS 83301				
NO FILING FEE IF RECEIVED BY DUE DATE			3. <u>New</u> Registered Agent Signature:*				
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name SHAWNA LEE FULLER	Street or PO Address 3106 N 3100 E	City TWIN FALLS	State ID	Country USA	Postal Code 83301	
5. Organized Under the Laws of: ID W 122272	6. Annual Report must be signed.* Signature: Shawna L Fuller Name (type or print): Shawna L Fuller						Date: 01/22/2015 Title: Owner
Processed 01/22/2015	* Electronically provided signatures are accepted as original signatures.						