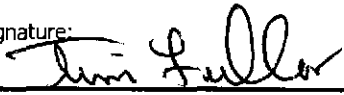


No. W 69704	Due no later than Dec 31, 2017 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) TIM FULLER 30207 ROSENKRANTZ RD LEWISTON ID 83501
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. TIM FULLER LOGGING, LLC 30207 ROSENKRANTZ RD LEWISTON ID 83501		3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member Name Street or PO Address City State Country Postal Code			
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> Tim Fuller 30207 Rosenkrantz Rd., Lewiston, ID 83501 USA			
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> Cheni Fuller 30207 Rosenkrantz Rd., Lewiston, ID 83501 USA			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 69704 </div>		6. Signature:  <hr/> Name (type or print): <u>Tim Fuller</u> <div style="float: right; text-align: right;"> Date: <u>11/10/17</u> Title: <u>Member</u> </div>	
Issued 10/30/2017 by TLB		117576	

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office