

No. W 160521	Due no later than Jan 31, 2017 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) BRENT SEID 3865 BARSTOW CT BOISE ID 83709
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. UP-RIGHT CONSTRUCTION AND WELDING LLC PO BOX 333 NAMPA ID 83653		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"/>	NORMAN	3865 BARSTOW	BOISE	ID	ADA	83709
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	BRENT SEID	3865 BARSTOW	BOISE	ID		83709
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;"> IDAHO W 160521 </div>	<table style="width: 100%;"> <tr> <td style="width: 60%;"> 6. Signature: </td> <td style="width: 40%;"> Date: 12/12/16 </td> </tr> <tr> <td> Name (type or print): BRENT SEID </td> <td> Title: OWNER </td> </tr> </table>	6. Signature: 	Date: 12/12/16	Name (type or print): BRENT SEID	Title: OWNER
6. Signature: 	Date: 12/12/16				
Name (type or print): BRENT SEID	Title: OWNER				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM