No. **W 90351**	**Due no later than Feb 29, 2016** **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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** FULLER CUSTOM HAY LLC LUKE FULLER 3028 N 3000 E TWIN FALLS ID 83301	LUKE FULLER 3028 N 3000 E TWIN FALLS ID 83301 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	LUKE E FULLER	3028 N 3000 E	TWIN FALLS	ID	USA	83301

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 90351**	Signature: Luke Fuller Name (type or print): Luke Fuller	Date: 01/02/2016 Title: Manager

Processed 01/02/2016

* Electronically provided signatures are accepted as original signatures.