


| No. <b>W 172262</b>  | <b>Due no later than Sep 30, 2017<br/>Annual Report Form</b>  |                      | 2. Registered Agent and Office<br><b>(NOT A P.O. BOX)</b><br>BOBBY CUPP<br>7001 LEISURE LANE<br>NAMPA ID 83687 |                   |         |                      |      |       |         |             |   |           |                  |       |     |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|---|----------------------|--|-------------------|---------|----------------------|------|-------|---------|-------------|---|-----------|------------------|-------|-----|--|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE<br/>DATE</b>   | 1. Mailing Address: Correct in this box if needed.<br>CUPP CONTRACTING, LLC<br>BOBBY CUPP<br>7001 LEISURE LANE<br>NAMPA ID 83687  |                      |  |                   |         |                      |      |       |         |             |   |           |                  |       |     |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.<br><table border="1"><thead><tr><th>Manager or Member</th><th>Name</th><th>Street or PO Address</th><th>City</th><th>State</th><th>Country</th><th>Postal Code</th></tr></thead><tbody><tr><td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td><td>LISA Cupp</td><td>7001 Leisure Ln.</td><td>Nampa</td><td>Id.</td><td></td><td>83687</td></tr><tr><td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table> |   |                      |  | Manager or Member | Name    | Street or PO Address | City | State | Country | Postal Code | Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> | LISA Cupp | 7001 Leisure Ln. | Nampa | Id. |  | 83687 | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  |
| Manager or Member  | Name  | Street or PO Address | City   | State             | Country | Postal Code          |      |       |         |             |   |           |                  |       |     |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>  | LISA Cupp   | 7001 Leisure Ln.     | Nampa  | Id.               |         | 83687                |      |       |         |             |   |           |                  |       |     |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>   |   |                      |  |                   |         |                      |      |       |         |             |   |           |                  |       |     |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>   |   |                      |  |                   |         |                      |      |       |         |             |   |           |                  |       |     |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>   |   |                      |  |                   |         |                      |      |       |         |             |   |           |                  |       |     |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5. Organized Under the Laws of:<br><br><b>IDAHO<br/>W 172262</b>   | 6.<br>Signature: <br>Name (type or print): <u>LISA Cupp</u><br>Date: <u>11/23/17</u><br>Title: <u>CO-Owner</u> |                      |  |                   |         |                      |      |       |         |             |   |           |                  |       |     |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |