No. <b>W 67538</b>		Due no later than Oct 31, 2012	2. Registered Agent and Address (NO PO BOX)					
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if nee  FULL FRONTAL UTILITY SERVICE, LLC  WILLIAM HESS  3207 LUNDBURG LN  POCATELLO ID 83204	eded.	WILLIAM HESS 153 N JOHNSON POCATELLO ID 83204  3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compar	nies: Enter Na	imes and Addresses of at least one Member or Manage	r.					
Office Held	Name	Street or PO Address		City	State	Country	Postal Code	
MEMBER	WILLIAM H	ESS 153 N JOHNSON		POCATELLO	ID	USA	83204	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 67538		Signature: William Hess	William Hess Date: 11/04/2012					
		Name (type or print): William Hess		Title: Sole Propriator				
Processed 11/04/2012 * Electronically provided signatures are accepted as original signatures.								