No. W 91585		Due no later than Mar 31, 2018			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 needed. C-FULLMS, LLC CALEB M FULLMER 340 YALE AVE. REXBURG ID 83440		340 YALE A	CALEB FULLMER 340 YALE AVE. REXBURG ID 83440 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compan	ies: Enter Nai	mes and Addresses of at	least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	1EMBER CALEB M FULLMER		340 YALE AVE.	REXBURG	ID	USA	83440	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Caleb M I		Date: 03/22/2018				
W 91585		Name (type or print)		Title: Owner				
Processed 03/22/2018 * Electronically provided signatures are accepted as original signatures.								