No. <b>W 156691</b>	Due no later than Sep 30, 2016					
Return to: SECRETARY OF STATE	Annual Report Form  1. Mailing Address: Correct in this box if needed.	7 SPRING CRE	STEVEN FULLER 7 SPRING CREEK DR HORSESHOE BEND ID 83629-8362			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	STRAIGHT LINE CONNECT LLC STEVEN FULLER 7 SPRING CREEK DR					
NO FILING FEE IF RECEIVED BY DUE DATE	HORSESHOE BEND ID 83629	3. <u>New</u> Registered Agent Signature:*				
4. Limited Liability Companies: Enter	lames and Addresses of at least one Member or Manager.					
Office Held Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER STEVEN I	ULLER 7 SPRING CREEK DRIVE	HORSESHOE BEND	ID	USA	83629	
5. Organized Under the Laws of:	6. Annual Report must be signed.*					
ID	Signature: Steven Fuller	ature: Steven Fuller Date: 07/23/2016				
W 156691	Name (type or print): Steven Fuller		Title: President			
Processed 07/23/2016	* Electronically provided signatures are accepted as original signatures.					