

No. W 26971	Due no later than November 30, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX JEFFERY R LARSEN 1912 N LEO LN INKOM, ID 83245																		
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 applicable FULL HOUSE CONSTRUCTION, LLC PO BOX 424 INKOM, ID 83245		3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>man. mem.</td> <td>JEFF R.</td> <td>PO Box 424</td> <td>INKOM</td> <td>ID</td> <td>83245</td> </tr> <tr> <td>man. mem.</td> <td>Kristie A.</td> <td>PO Box 424</td> <td>INKOM</td> <td>ID</td> <td>83245</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	man. mem.	JEFF R.	PO Box 424	INKOM	ID	83245	man. mem.	Kristie A.	PO Box 424	INKOM	ID	83245
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man. mem.	Kristie A.	PO Box 424	INKOM	ID	83245																
5. Organized Under the Laws of: IDAHO W 26971		6. Signature  Date <u>11-8-05</u> Name (Typed or Printed) <u>KRISTIE LARSEN</u> Title <u>man. mem.</u>																			