No. **W 67538**	**Due no later than Oct 31, 2017** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
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 needed.** FULL FRONTAL UTILITY SERVICE, LLC WILLIAM HESS 3207 LUNDBURG LN POCATELLO ID 83204	WILLIAM HESS 3207 LUNDBURG LANE POCATELLO ID 83204 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	WILLIAM HESS	3207 LUNDBURG LANE	POCATELLO	ID		83204

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 67538**	Signature: William H Hess	Date: 10/31/2017
	Name (type or print): William H Hess	Title: Sole Propriotor

Processed 10/31/2017

* Electronically provided signatures are accepted as original signatures.