No. W 65303		Due no later than Aug 31, 2017 Annual Report Form 1. Mailing Address: Correct in this box if needed. BRACKMAN EXCAVATING, L.L.C. JOHN A COLEMAN PO BOX 1293 TWIN FALLS ID 83303-1293		2. Registered Ag	2. Registered Agent and Address (NO PO BOX) JOHN A COLEMAN 401 GOODING ST N STE 201 TWIN FALLS ID 83301 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE				401 GOODING				
				3. <u>New</u> Register				
4. Limited Liability Compani	ies: Enter Nar	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
	MATTHEW \ ANDREW D	N BRACKMAN BRACKMAN	1306 POPLAR AVE 592 LOCUST ST S	TWIN FALLS TWIN FALLS	ID ID		83301 83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: John Coleman			Date: 07/03/2017			
W 65303		Name (type or p		Title: Agent				
Processed 07/03/2017		* Electronically provided signatures are accepted as original signatures.						