

No. W 150355	Due no later than Apr 30, 2016 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) RUSSELL ROST 407 N 200 W JEROME ID 83338																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. RUSSELL ROST CONSTRUCTION COMPANY, LLC RUSSELL ROST 407 N 200 W JEROME ID 83338		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 15%;">Name</th> <th style="width: 20%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Russell Rost</td> <td>407 N. 200 W.</td> <td>Jerome, Id.</td> <td>Jerome</td> <td></td> <td>83338</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Cyndi Rost</td> <td>407 N. 200 W.</td> <td>Jerome, Id.</td> <td>Jerome</td> <td></td> <td>83338</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Russell Rost	407 N. 200 W.	Jerome, Id.	Jerome		83338	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Cyndi Rost	407 N. 200 W.	Jerome, Id.	Jerome		83338	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 150355 </div>	6. <table style="width: 100%;"> <tr> <td style="width: 60%;">Signature: <u><i>Russell Rost</i></u></td> <td style="width: 40%;">Date: <u>02-27-16</u></td> </tr> <tr> <td>Name (type or print): <u>Russell Rost</u></td> <td>Title: <u>OWNER</u></td> </tr> </table>			Signature: <u><i>Russell Rost</i></u>	Date: <u>02-27-16</u>	Name (type or print): <u>Russell Rost</u>	Title: <u>OWNER</u>																															
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM