

No. W 347	Due no later than Jun 30, 2015 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) CHARLES E CLARK 1830 CANYON PARK CT TWIN FALLS ID 83301
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. C.E. CLARK CONSTRUCTION L.L.C. CHARLES E CLARK 1830 CANYON PARK CT TWIN FALLS ID 83301		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	CHARLES B. CLARK	1830 CANYON PARK CT.	TWIN FALLS,	IDA.	T. F.	83301
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	RUTH A. CLARK	1830 CANYON PARK CT.	TWIN FALLS,	IDA.	T. F.	83301
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;">IDAHO W 347</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: Name (type or print): <u>RUTH A. CLARK</u> </td> <td style="width: 40%;"> Date: <u>5-5-15</u> Title: <u>MEMBER</u> </td> </tr> </table>	Signature: Name (type or print): <u>RUTH A. CLARK</u>	Date: <u>5-5-15</u> Title: <u>MEMBER</u>
Signature: Name (type or print): <u>RUTH A. CLARK</u>	Date: <u>5-5-15</u> Title: <u>MEMBER</u>		

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