No. <b>W 17844</b>		Due no later than Jan 31, 2018 Annual Report Form  1. Mailing Address: Correct in this box if needed.  ERICKSON CONSTRUCTION, L.L.C.  CONNIE L ERICKSON PO BOX 545  ALBION ID 83311		2. Registered /	2. Registered Agent and Address (NO PO BOX)  GARY ERICKSON 339 WEST STREET ALBION ID 83311  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				339 WEST 9				
				3. <u>New</u> Registe				
4. Limited Liability Compar	nies: Enter Nar	mes and Address	ses of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER MEMBER	GARY ERICKSON CONNIE L ERICKSON		PO BOX 545 339 WEST STREET	ALBION ALBION	ID ID	USA	83311 83311	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: C	onnie Erickson		Date: 01/29/2018			
W 17844		Name (type	or print): Connie Erickson		Title: Member			
Processed 01/29/2018	* Electronically provided signatures are accepted as original signatures.							