

10/02/2015 12:09 FAX

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No. W 141310 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		Due no later than Aug 31, 2015 Annual Report Form 1. Mailing Address: Correct in this box if needed. FULL DRAW CONSTRUCTION, LLC FRANK ROGERS 3620 STONEHAVEN DR IDAHO FALLS ID 83406		2. Registered Agent and Office (NOT A P.O. BOX) FRANK ROGERS 3620 STONEHAVEN DR IDAHO FALLS ID 83406																																				
NO FILING FEE IF RECEIVED BY DUE DATE				3. New Registered Agent Signature.																																				
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Frank Rogers</td> <td>3620 Stonehaven Idaho Id</td> <td>Id</td> <td>Falls</td> <td></td> <td>83406</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> <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"/>	Frank Rogers	3620 Stonehaven Idaho Id	Id	Falls		83406	Manager <input type="checkbox"/> Member <input type="checkbox"/>							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: IDAHO W 141310		6. Signature: <u>Frank Rogers</u> Name (type or print): Date: <u>10-2-15</u> Title: _____																																						

Issued 10/02/2015 BY TLB

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM