

10/02/2015 12:09 FAX

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No. W 141310	Due no later than Aug 31, 2015 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX)
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. FULL DRAW CONSTRUCTION, LLC FRANK ROGERS 3620 STONEHAVEN DR IDAHO FALLS ID 83406		FRANK ROGERS 3620 STONEHAVEN DR IDAHO FALLS ID 83406
NO FILING FEE IF RECEIVED BY DUE DATE			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 checked="" type="checkbox"/> Member <input type="checkbox"/>	Frank Rogers	3620 Stonehaven Dr	Idaho Id 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"/>			
5. Organized Under the Laws of:		6.	
IDAHO W 141310		Signature: <u>Frank Rogers</u> Name (type or print): _____	Date: <u>10-2-15</u> Title: _____
Issued 10/02/2015 by TLB		117909	

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM