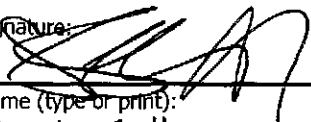
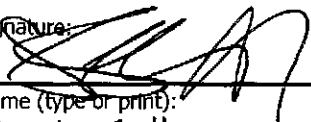
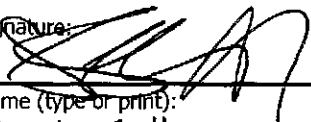


No. W 124445	Due no later than Apr 30, 2017 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) JOSH GALLOWAY 211 WALLACE ST BOISE ID 83705																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. AMP CONSTRUCTION LLC JOSH GALLOWAY 211 WALLACE ST BOISE ID 83705		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%; text-align: left;">Manager or Member</th> <th style="width: 20%; text-align: left;">Name</th> <th style="width: 20%; text-align: left;">Street or PO Address</th> <th style="width: 10%; text-align: left;">City</th> <th style="width: 10%; text-align: left;">State</th> <th style="width: 10%; text-align: left;">Country</th> <th style="width: 10%; text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Josh Galloway</td> <td>211 wallace st</td> <td>Boise</td> <td>Id</td> <td></td> <td>83705</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"/>	Josh Galloway	211 wallace st	Boise	Id		83705	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Josh Galloway	211 wallace st	Boise	Id		83705																																
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: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 124445 </div>		6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; vertical-align: top;"> Signature:  <hr/> Name (type or print): Josh Galloway </td> <td style="width: 40%; vertical-align: top;"> Date: <div style="text-align: center; font-size: 1.2em;">6-16-17</div> <hr/> Title: owner/operator </td> </tr> </table>		Signature:  <hr/> Name (type or print): Josh Galloway	Date: <div style="text-align: center; font-size: 1.2em;">6-16-17</div> <hr/> Title: owner/operator																																	
Signature:  <hr/> Name (type or print): Josh Galloway	Date: <div style="text-align: center; font-size: 1.2em;">6-16-17</div> <hr/> Title: owner/operator																																					
Issued 06/16/2017 by JL1		118968																																				