

No. <b>W 69704</b>	Due no later than Dec 31, 2011 Annual Report Form		2. Registered Agent and Office ( <b>NOT A P.O. BOX</b> )	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address: Correct in this box if needed. TIM FULLER LOGGING, LLC  30207 ROSENKRANTZ RD LEWISTON ID 83501		TIM FULLER 30207 ROSENKRANTZ RD LEWISTON ID 83501	
			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="radio"/> Member <input checked="" type="radio"/> (circle one)	Tim Fuller	30207 Rosenkrantz Rd.,	Lewiston, ID	USA 83501
Member :	Cheri Fuller	30207 Rosenkrantz Rd.	Lewiston, ID	USA 83501
5. Organized Under the Laws of:		6.		
IDAHO W 69704		Signature: <u>Tim Fuller</u>	Date: <u>12/9/11</u>	
		Name (type or print): <u>Tim Fuller</u>	Title: <u>Member</u>	
Issued 11/09/2011 by DK1		125924		