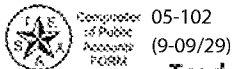


TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT



To be filed by Corporations and Limited Liability Companies (LLC) and Financial Institutions

This report **MUST** be signed and filed to satisfy franchise tax requirements

05-102
(9-09/29)
Tcode 13196

Taxpayer number Report year *You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at: (512) 463-4600, or (800) 252-1381, toll free nationwide.*

3	2	0	0	1	4	8	9	8	4	1	2	0	1	5
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Taxpayer name FROGAIR, LLC				Secretary of State file number or Comptroller file number 0704998222	
Mailing address 3810 DEANN DRIVE					
City AMARILLO	State TX	ZIP Code 79121	Plus 4		

Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office 3810 DEANN DRIVE, AMARILLO, TX, 79121
Principal place of business 3810 DEANN DRIVE, AMARILLO, TX, 79121

Please sign below!

Officer, director and member information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or members change throughout the year.



SECTION A Name, title and mailing address of each officer, director or member.

Name KEL SELIGER	Title MANAGING MEMBER	Director <input type="radio"/> YES	Term expiration m m d d y y [][][][][][]			
Mailing address 3810 DEANN DRIVE	City AMARILLO	State TX	ZIP code 79121			
Name	Title	Director <input type="radio"/> YES	Term expiration m m d d y y [][][][][][]			
Mailing address	City	State	ZIP code			
Name	Title	Director <input type="radio"/> YES	Term expiration m m d d y y [][][][][][]			
Mailing address	City	State	ZIP code			

SECTION B Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of ten percent (10%) or more.

Name of owned (subsidiary) corporation or limited liability company NONE	State of formation	Texas SOS file number, if any	Percentage of Ownership
Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of Ownership

SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of ten percent (10%) or more in this entity or limited liability company.

Name of owned (parent) corporation or limited liability company NONE	State of formation	Texas SOS file number, if any	Percentage of Ownership
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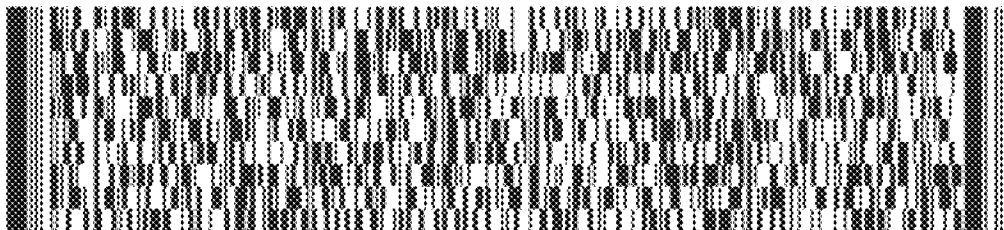
Registered agent and registered office currently on file. (See instructions if you need to make changes)				<input type="checkbox"/> Blacken circle if you need forms to change the registered agent or registered office information.			
Agent: KEL SELIGER							
Office: 3810 DEANN DRIVE		City AMARILLO	State TX	ZIP Code 79121			

The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or member and who is not currently employed by this, or a related, corporation or limited liability company.

Sign here KELTON G SELIGER	Title MANAGING MEMBER	Date 10/15/2015	Area code and phone number () -
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Texas Comptroller Official Use Only



VE/DE <input type="radio"/>	PIR IND <input type="radio"/>
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