No. <b>W 125483</b>		Due no later than May 31, 2016 Annual Report Form  2. Registered Agent and Address (NO P					
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  LENORA'S CUSTOM CABINET SHOP LLC  LENORA G AKIN  1555 HWY 13  GRANGEVILLE ID 83530	1555 HWY 13 GRANGEVILLE				
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Compar	nies: Enter Na	mes and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	LENORA G	AKIN 1555 HWY 13	GRANGEVILLE	ID	USA	83530	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: LENORA AKIN Date: 03/19/2016					
W 125483		Name (type or print): LENORA AKIN	Title: OWNER				
Processed 03/19/2016 * Electronically provided signatures are accepted as original signatures.							