No. W 73746		Due no later than Apr 30, 2015		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form 1. Mailing Address: Correct in this box if needed. LSB LLC LAURIE BAIRD GAFFNEY 591 PARK AVE STE 202 IDAHO FALLS ID 83402		LAURIE BAIRD GAFFNEY 591 PARK AVENUE, STE. 202 IDAHO FALLS 83402 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	LSB LLC LAURIE BAIRD 591 PARK AVE						
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Ente	r Names and Addresses	of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER LAURIE	BAIRD GAFFNEY	591 PARK AVE STE 202	IDAHO FALLS	ID		83402	
5. Organized Under the Laws of: 6. Annual Report mu		must be signed.*					
ID	Signature: Lau	Signature: Laurie Baird Gaffney		Date: 02/19/2015			
W 73746	Name (type or	Name (type or print): Laurie Baird Gaffney		Title: Member			
Processed 02/19/2015	* Electronically pro	* Electronically provided signatures are accepted as original signatures.					