No. <b>W 48124</b>	Due no later than Mar 31, 2011	2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		KEITH D BROWN			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed.	NAMES OF THE PERSON OF THE PER	5112 E TWILA COURT POST FALLS ID 83854			
	LAKESIDE HOLDINGS, L.L.C. MELISSA S WELLS 1859 N LAKEWOOD DR STE 303	POST FALLS	3. New Registered Agent Signature:*			
	COEUR D ALENE ID 83814	3. New Registere				
NO FILING FEE IF RECEIVED BY DUE DATE	USA					
4. Limited Liability Companies: Enter Na	mes and Addresses of at least one Member or Manager.					
Office Held Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER JOHN HEMN	4INGSON 341 N LEGEND TREE DRIVE	LIBERTY LAKE	WA	USA	99019	
5. Organized Under the Laws of:	6. Annual Report must be signed.*					
ID	Signature: Melissa S Wells	Melissa S Wells Date: 01/18/2011				
W 48124	Name (type or print): Melissa S Wells		Title: Manager			
Processed 01/18/2011	* Electronically provided signatures are accepted as original signatures.					