| No. W 65591 | | Due no later than Aug 31, 2013 | 2. Registered Agent and Address (NO PO BOX) | | | | |
|--|--------|---|--|-------|---------|-------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form | LUCINDA RAY 1510 CENTENNIAL DR MOUNTAIN HOME ID 83647 3. New Registered Agent Signature:* | | | | |
| | | 1. Mailing Address: Correct in this box if needed. LUCINDA AND MARTIN RAY LLC LUCINDA RAY 1510 CENTENNIAL DR MOUNTAIN HOME ID 83647 | | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | | | |
| Office Held Nam | e | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER LUCI | NDA RA | Y 1510 CENTENNIAL DR | MOUNTAIN HOME | ID | USA | 83647 | |
| MEMBER MAR | TIN RA | Y 1510 CENTENNIAL DR | MOUNTAIN HOME | ID . | USA | 83647 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID W 65591 | | Signature: Lucinda Ray Date: 07/08/2013 | | | | | |
| | | Name (type or print): Lucinda Ray | Title: Member | | | | |
| Processed 07/08/2013 | | * Electronically provided signatures are accepted as original signatures. | | | | | |