No. **W 58355**	**Due no later than Jan 31, 2015** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** LYMAN FAMILY, L.L.C. DAVID R LYMAN 34 BEAVER PEAK RD HERON MT 59844	J T DIEHL 106 W SUPERIOR ST SANDPOINT 83864 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	DAVID R LYMAN	34 BEAVER PEAK RD	HERON	MT		59844
MANAGER	DEBORAH S LYMAN	34 BEAVER PEAK ROAD	HERON	MT	USA	59844

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
MT **W 58355**	Signature: David R Lyman	Date: 12/16/2014
	Name (type or print): David R Lyman	Title: Manager

Processed 12/16/2014

* Electronically provided signatures are accepted as original signatures.