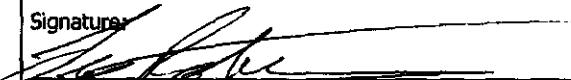


No. W 41875		Due no later than Aug 31, 2012 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) LESLIE L ROBERTS 300 KRAHN LN MCALL ID 83638	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. LESCO ENTERPRISES, LLC. LESLIE L ROBERTS PO BOX 2663 MCALL ID 83638		3. <u>New</u> Registered Agent Signature.	
NO FILING FEE IF RECEIVED BY DUE DATE					
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.					
Manager or Member		Name	Street or PO Address	City	State Country Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>		Les Roberts R.O. Box 2663 McCall, ID Valley 83638			
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
5. Organized Under the Laws of:		6.			
IDAHO W 41875		Signature: 			
		Name (type or print): <u>Les Roberts</u>			
		Date: <u>8/9/12</u>			
		Title: <u>Manager</u>			
Issued 08/09/2012 by DK1 105591					