




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 MCCALL ID 83638
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. LESCO ENTERPRISES, LLC. LESLIE L ROBERTS PO BOX 2663 MCCALL ID 83638	3. <u>New</u> Registered Agent Signature.

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	P.O. Box 2663	McCall,	ID	Vally	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: <div style="text-align: center; font-weight: bold;"> IDAHO W 41875 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  Name (type or print): <u>Les Roberts</u> </td> <td style="width: 40%;"> Date: <u>8/9/12</u> Title: <u>Manager</u> </td> </tr> </table>	Signature:  Name (type or print): <u>Les Roberts</u>	Date: <u>8/9/12</u> Title: <u>Manager</u>
Signature:  Name (type or print): <u>Les Roberts</u>	Date: <u>8/9/12</u> Title: <u>Manager</u>		

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