

No. <b>W 1019</b>	<b>Due no later than Mar 31, 2015</b> <b>Annual Report Form</b>	2. Registered Agent and Address <b>(NO PO BOX)</b>				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b>  LAM & LUI, LLC JACK LAM 1963 CANDLERIDGE DR. TWIN FALLS ID 83301-8304	JACK LAM 1963 CANDLERIDGE DR. TWIN FALLS 83301-8304  3. <u>New</u> 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	JACK LAM	1963 CANDLERIDGE DR.	TWIN FALLS	ID		83301-8304
MANAGER	KONNIE LAM	1963 CANDLERIDGE DR.	TWIN FALLS	ID	USA	83301-8304
MANAGER	PATRICK LAM	1963 CANDLERIDGE DR.	TWIN FALLS	ID	USA	83301-8304
5. Organized Under the Laws of:  <b>ID W 1019</b>	6. Annual Report must be signed.* Signature: jack lam Name (type or print): jack lam		Date: 01/16/2015 Title: manager			
Processed 01/16/2015		* Electronically provided signatures are accepted as original signatures.				