No. W 161733		Due no later than Feb 28, 2018		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			THOMAS J ANGSTMAN			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. LRI, LLC THOMAS J ANGSTMAN 3649 N LAKEHARBOR LN BOISE ID 83703		BOISE ID	3649 N LAKEHARBOR LN BOISE ID 83703 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter Na	mes and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	THOMAS J.	ANGSTMAN	3649 N. LAKEHARBOR LANE	BOISE	ID	USA	83703	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Thomas J. Angstman Date: 12/21/2017					7	
W 161733		Name (type or		Title: Manager				
Processed 12/21/2017	* Electronically provided signatures are accepted as original signatures.							