

No. C 168569		Due no later than Aug 31, 2009 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		1. Mailing Address: Correct in this box if needed. LSCORP, INC. LONNIE SIMPSON PO BOX 363 OROFINO ID 83544		LONNIE SIMPSON 217 COLLEGE AVE STE 2 OROFINO ID 83544			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	SHANNON SIMPSON	217 COLLEGE AVE	OROFINO	ID	USA	83544-0363	
DIRECTOR	LONNIE SIMPSON	217 COLLEGE AVE	OROFINO	ID	USA	83544-0363	
SECRETARY	SHANNON SIMPSON	217 COLLEGE AVE	OROFINO	ID	USA	83544-0363	
PRESIDENT	LONNIE SIMPSON	217 COLLEGE AVE	OROFINO	ID	USA	83544-0363	
5. Organized Under the Laws of: ID C 168569		6. Annual Report must be signed.* Signature: Lonnie Simpson Name (type or print): Lonnie Simpson					
		Date: 06/17/2009 Title: President					
Processed 06/17/2009 * Electronically provided signatures are accepted as original signatures.							