

No. <b>W 159294</b>		<b>Due no later than Dec 31, 2017</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>1. Mailing Address: Correct in this box if needed.</b>  LC MANAGEMENT LLC LORIN CROFT 980 W FIR ST SHELLEY ID 83274		DAN SLATER 310 N MERIDIAN STE D BLACKFOOT ID 83221-8327			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name CONNIE CROFT	Street or PO Address 980		City SHELLEY	State ID	Country USA	Postal Code 83274
5. Organized Under the Laws of:  <b>ID</b> <b>W 159294</b>		6. Annual Report must be signed.*  Signature: Lorin Croft Name (type or print): Lorin Croft  Date: 11/03/2017 Title: CEO					
Processed 11/03/2017      * Electronically provided signatures are accepted as original signatures.							