

No. W 130259	Due no later than Oct 31, 2014 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. LAXMI GF LLC JEFFREY D CLARK PO BOX 986 BLACKFOOT ID 83221		NIDA MANNAN 444 HOSPITAL WAY STE 607 POCATELLO ID 83201-2714			
			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
MEMBER	NAEEM RAHIM	444 HOSPITAL WAY STE 607	POCATELLO	ID	USA	83201-2714
MEMBER	FAHIM RAHIM	444 HOSPITAL WAY	POCATELLO	ID	USA	83201-2714
5. Organized Under the Laws of: ID W 130259	6. Annual Report must be signed.* Signature: Jeffrey D Clark Name (type or print): Jeffrey D Clark		Date: 09/09/2014 Title: Cpa			
Processed 09/09/2014		* Electronically provided signatures are accepted as original signatures.				