




No. W 98033	Due no later than Nov 30, 2011 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) MICHAEL DANIEL OLGUIN 137 BRYSON CT NAMPA ID 83686															
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. LTS CONSTRUCTION LLC. MICHAEL DANIEL OLGUIN 137 BRYSON CT NAMPA ID 83686		3. <u>New</u> Registered Agent Signature.															
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 25%;">Name</th> <th style="width: 30%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"> <input checked="" type="radio"/> Manager <input type="radio"/> Member (circle one) </td> <td>Mike Olguin</td> <td>137 bryson Ct.</td> <td>Nampa</td> <td>Id.</td> <td>USA</td> <td>83642</td> </tr> </tbody> </table>					Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	<input checked="" type="radio"/> Manager <input type="radio"/> Member (circle one)	Mike Olguin	137 bryson Ct.	Nampa	Id.	USA	83642
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code												
<input checked="" type="radio"/> Manager <input type="radio"/> Member (circle one)	Mike Olguin	137 bryson Ct.	Nampa	Id.	USA	83642												
5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 98033 </div>		6. <table style="width: 100%;"> <tr> <td style="width: 80%;">Signature: </td> <td style="width: 20%;">Date: 10-24-11</td> </tr> <tr> <td>Name (type or print): <u>Michael D. Olguin</u></td> <td>Title: <u>Owner</u></td> </tr> </table>			Signature: 	Date: 10-24-11	Name (type or print): <u>Michael D. Olguin</u>	Title: <u>Owner</u>										
Signature: 	Date: 10-24-11																	
Name (type or print): <u>Michael D. Olguin</u>	Title: <u>Owner</u>																	
Issued 10/24/2011 by JL1		112563																

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM