No. **W 115845**	**Due no later than Jul 31, 2013** **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.** LUKENS HAZARD ASSOCIATES LLC WILLIAM O. LUKENS 2143 W POLO GREEN AVE POST FALLS ID 83854 USA	UNITED STATES CORPORATION AGEN 3006 E GOLDSTONE DR STE 218 MERIDIAN ID 83642 USA 3. New 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	WILLIAM O. LUKENS	WILLIAM	POST FALLS	ID	USA	83854

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 115845**	Signature: William O. Lukens	Date: 06/06/2013
	Name (type or print): William O. Lukens	Title: Member

Processed 06/06/2013

* Electronically provided signatures are accepted as original signatures.