No. W 129076	Due no later than Sep 30, 2014	2. Registered Agent and Address (NO PO BOX)				
Return to:	Annual Report Form		LON C MCRAE			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if neede	ed.	11430 RANDALL LN CALDWELL ID 83607			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	LCM ENTERPRISES LLC DR LON MCRAE 2947 E MAGIC VEIW DR STE 4					
	MERIDIAN ID 83642		3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE						
4. Limited Liability Companies: Enter N	ames and Addresses of at least one Member or Manager.					
Office Held Name	Street or PO Address		City	State	Country	Postal Code
MANAGER LON C MC	RAE 2947 E. MAGIC VIEW SUITE #4	4	MERIDIAN	ID	USA	83642
5. Organized Under the Laws of: 6. Annual Report must be signed.*						
ID	Signature: Ion C. McRae		Date: 07/14/2014			
W 129076	Name (type or print): Ion C. McRae		Title: Owner			
Processed 07/14/2014	* Electronically provided signatures are accepted as original signatures.					