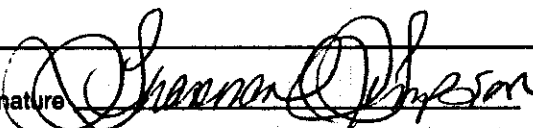


No. W 21533 Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than November 30, 2007 Annual Report Form 1. Mailing Address - Correct in this box, if applicable L.S. INVESTMENTS, L.L.C. PO BOX 1268 OROFINO, ID 83544	2. Registered Agent and Office NO PO BOX MILDRED B LANSING 4585 SOUTH ROAD LENORE, ID 83541 3. New Registered Agent Signature																								
4. Limited Liability Companies: Enter Names and Addresses of Managers.																										
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; font-size: small;">Office held</th> <th style="text-align: left; font-size: small;">Name</th> <th style="text-align: left; font-size: small;">Street or P.O. Address</th> <th style="text-align: left; font-size: small;">City</th> <th style="text-align: left; font-size: small;">State</th> <th style="text-align: left; font-size: small;">Zip</th> </tr> </thead> <tbody> <tr> <td>MANAGER</td> <td>LOUWIE E Simpson</td> <td>P.O. BOX 1268</td> <td>OROFINO</td> <td>ID</td> <td>83544</td> </tr> <tr> <td>ASST. MANAGER</td> <td>SHANNON SIMPSON</td> <td>P.O. BOX 1268</td> <td>OROFINO</td> <td>ID</td> <td>83544</td> </tr> <tr> <td>ASST. MANAGER</td> <td>ALAN LANSING</td> <td>4585 South Rd</td> <td>LENORE</td> <td>ID</td> <td>83541</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	MANAGER	LOUWIE E Simpson	P.O. BOX 1268	OROFINO	ID	83544	ASST. MANAGER	SHANNON SIMPSON	P.O. BOX 1268	OROFINO	ID	83544	ASST. MANAGER	ALAN LANSING	4585 South Rd	LENORE	ID	83541
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5. Organized Under the Laws of: IDAHO W 21533	6. Signature  Name (Typed or Printed) <u>SHANNON D SIMPSON</u> Date <u>11/2/07</u> Title <u>ASST Manager</u>																									

Issued 09/04/2007

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