

No. <b>W 12096</b>		<b>Due no later than May 31, 2016</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  LUPIN, LIMITED LIABILITY COMPANY JAMES M ST CLAIR PO BOX 457 VICTOR ID 83455		JAMES M ST CLAIR 726 LAKESIDE DRIVE VICTOR ID 83455	
				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
MANAGER	JAMES M ST. CLAIR	726 LAKESIDE DRIVE	VICTOR	ID	83455
5. Organized Under the Laws of:  <b>ID W 12096</b>		6. Annual Report must be signed.* Signature: james m stclair Name (type or print): james m stclair Date: 05/31/2016 Title: managing member			
Processed 05/31/2016		* Electronically provided signatures are accepted as original signatures.			