


No. W 60719 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 06/08/2010 1. Mailing Address: Correct in this box if needed. LGL, L.L.C. ANDREW LYDA 224 TRAILWOOD AVE TWIN FALLS ID 83301 USA	2. Registered Agent and Office (NOT A P.O. BOX) ANDREW C LYDA 224 TRAILWOOD AVE TWIN FALLS ID 83301 3. <u>New</u> Registered Agent Signature.				
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
	Manager	Andrew Lyda	224 Trailwood Ave	Twin Falls	ID	USA 83301
	Member	Amanda Lyda	224 Trailwood Ave	Twin Falls	ID	USA 83301
5. Organized Under the Laws of: <div style="text-align: center;">IDAHO W 60719</div>		6. Signature:  Date: 3/8/11 Name (type or print): Amanda Lyda Title: Member				
Issued 02/11/2011 by KAH						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; **not a Post Office Box or Personal Mail Box.**

Block 3: Only a **new** registered agent must sign in Block 3.

Block 4: Enter names and business addresses of managers or members of the limited liability company. **Note:** **Do not** put "same as last year" or "same as above". **These will not be accepted.**

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.