No. W 151997		Due no later than May 31, 2016 Annual Report Form 1. Mailing Address: Correct in this box if needed. HEIDI JARNAGIN LPTA L.L.C. 3245 MOLEN ST AMMON ID 83406		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				3245 MOLEI AMMON ID	HEIDI JARNAGIN 3245 MOLEN ST AMMON ID 83406 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		mos and Addresses of at	least one Member or Manager					
Office Held	Name	nes and Addresses of at	Street or PO Address	City	State	Country	Postal Code	
MANAGER			3245 MOLEN	AMMON	ID	USA	83406	
5. Organized Under the Laws of:		6. Annual Report must b Signature: Heidi Jarna		Date: 05/31/2016				
W 151997		Name (type or print): Heidi Jarnagin		Title: LPTA				
Processed 05/31/2016 * Electronically provided signatures are accepted as original signatures.								