No. W 95149		Due no later than Jul 31, 2016		2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. DR SPRUCE'S LORE AXE, LLC LINCOLN HAMMONS 18926 W OLD STATION ROAD		LINCOLN HAMMONS 18926 W OLD STATION ROAD WORLEY ID 83876 3. New Registered Agent Signature:*				
								WORLEY ID 83876
		NO FILING FEE IF RECEIVED BY DUE DATE						
4. Limited Liability Compa	nies: Enter Na	mes and Address	ses of at least one Member or Manage	r.				
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER LINCOLN HA		MMONS	2505 S WILBUR RD		SPOKANE VALLEY	′ WA	USA	99206
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Lincoln Hammons		Date: 07/17/2016				
W 95149		Name (type or print): Lincoln Hammons			Title: Owner/Member			
Processed 07/17/2016 * Electronically provided signatures are accepted as original signatures.								