No. **W 113419**	**Due no later than Apr 30, 2014**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** JAMES LOHMAN LLC JAMES R LOHMAN 812 MEADOWVIEW LN TWIN FALLS ID 83301 USA	JAMES LOHMAN 812 MEADOWVIEW LN TWIN FALLS ID 83301 3. New 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
MEMBER	JAMES R LOHMAN	812 MEADOWVIEW LN	TWIN FALLS	ID	USA	83301

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 113419**	Signature: James R Lohman	Date: 05/22/2014
	Name (type or print): James R Lohman	Title: Owner

Processed 05/22/2014

* Electronically provided signatures are accepted as original signatures.