No. W 95317		Due no later than Aug 31, 2013		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. ANDERSON LAKE, LLC WILLIAM A MARTENS 795 S. TWIN PINE DR. PINE ID 83647-5374		795 S. TW	WILLIAM MARTENS 795 S. TWIN PINE DR. PINE ID 83647-5374 3. New Registered Agent Signature:*			
				3. <u>New</u> Regist				
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Limited Liability Compar	nies: Enter Nai	mes and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	WILLIAM A.	MARTENS	795 S. TWIN PINE DR.	PINE	ID	USA	83647-5374	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 95317		Signature: Wil		Date: 07/04/2013				
		Name (type or		Title: Manager				
Processed 07/04/2013 * Electronically provided signatures are accepted as original signatures.								