No. <b>W 70828</b>		Due no later than Jan 31, 2016 Annual Report Form  1. Mailing Address: Correct in this box if needed. LINDSAY FAMILY, LLC BEN LINDSAY 83 N 100 W BLACKFOOT ID 83221		2. Registered A	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				83 N 100 W BLACKFOOT	BEN LINDSAY 83 N 100 W BLACKFOOT ID 83221-5866  3. New Registered Agent Signature:*			
4. Limited Liability Compa	nies: Enter Na	mes and Addresses	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER MANAGER	KYLE B LINDSAY QUINT K LINDSAY		83 N 100 W 85 N 100 WEST	BLACKFOOT BLACKFOOT	ID ID	USA	83221 83221	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 70828		Signature: Qui		Date: 02/21/2016				
		Name (type or		Title: Manager				
Processed 02/21/2016		* Electronically provided signatures are accepted as original signatures.						