No. W 49694		Due no later than Apr 30, 2012		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. LMS LLC WILBUR CHAPMAN 905 BRYDEN AVE LEWISTON ID 83501		905 BRYDEI LEWISTON	WILBUR G CHAPMAN 905 BRYDEN AVE LEWISTON ID 83501 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE			a of at least one Manchey ay Managay					
Office Held	Name	mes and Addresses	of at least one Member or Manager. Street or PO Address	City	State	Country	Postal Code	
MANAGER	WILBUR G CHAPMAN		905 BRYDEN AVE	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 49694		Signature: Will		Date: 04/30/2012				
		Name (type or		Title: Mgr.				
Processed 04/30/2012	* Electronically provided signatures are accepted as original signatures.							