

No. <b>W 37931</b>	Due no later than Mar 31, 2011 Annual Report Form	2. Registered Agent and Office ( <b>NOT A P.O. BOX</b> ) CARLENE R SMITH 2604 N MORROW RESERVOIR RD GLENN'S FERRY ID 83623				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>			1. Mailing Address: Correct in this box if needed. LONE PINE ENTERPRISES, LLC  2604 N MORROW RESERVOIR RD GLENN'S FERRY ID 83623	3. <u>New</u> Registered Agent Signature.		
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.						
Manager/Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager	Carlene R Smith	2604 N Morrow Res Rd,	Glenn's Ferry	ID	Elmore	83623
Member	Lynn Viner,	13739 Crisholm Rd,	Caldwell,	ID	83607	83607
5. Organized Under the Laws of:		6.				
IDAHO W 37931		Signature: <u>Carlene R Smith</u>	Date: <u>3/22/11</u>			
		Name (type or print): <u>Carlene R Smith</u>	Title: <u>Manager</u>			
Issued 01/21/2011 by SLD						109883

### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1:** Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

**Block 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; **not a Post Office Box or Personal Mail Box.**

**Block 3:** Only a new registered agent must sign in Block 3.

**Block 4:** Enter names and business addresses of managers or members of the limited liability company. **Note:** Do not put "same as last year" or "same