

No. <b>W 132476</b>		<b>Due no later than Dec 31, 2015</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  LAURELWOOD LLC GARY M WOLVERTON JR PO BOX 5179 TWIN FALLS ID 83303		GARY M WOLVERTON JR 1411 FALLS AVE E STE 1002 TWIN FALLS ID 83301			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name GARY M WOLVERTON JR	Street or PO Address PO BOX 5179		City TWIN FALLS	State ID	Country USA	Postal Code 83303
5. Organized Under the Laws of:  <b>ID</b> <b>W 132476</b>		6. Annual Report must be signed.*  Signature: Amanda Martin Name (type or print): Amanda Martin  Date: 10/19/2015 Title: Office Manager					
Processed 10/19/2015 * Electronically provided signatures are accepted as original signatures.							