No. W 150919		Due no later than Apr 30, 2016	2. Registered Ag	2. Registered Agent and Address (NO PO BOX) JOEL A LAKE 5339 OLD HWY 91 MCCAMMON ID 83250 3. New Registered Agent Signature:*			
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. LAKE FAMILY ESTATE LLC S JAN JETER 742 BIRCH ST POCATELLO ID 83201	5339 OLD HW MCCAMMON				
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		nes and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	JOEL A LAK	E 5339 OLD HWY 91	MCCAMMON	ID	USA	83250	
5. Organized Under the Laws of:		6. Annual Report must be signed.* Signature: Joel A Lake	Date: 03/09/2016				
W 150919		Name (type or print): Joel A Lake	Title: member				
* Electronically provided signatures are accepted as original signatures.							