

No. W 16061		Due no later than Jul 31, 2016 Annual Report Form		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> DIANE REMILONG 432 N CENTER PARKER ST ANTHONY ID 83445																																				
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. GOLDEN RAM PAINTING AND LOG FURNISHINGS L.L.C. 432 N CENTER PARKER ST ANTHONY ID 83445		3. New Registered Agent Signature.																																				
<p>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</p> <table> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6">Diane Remilong 432 Center St. Anthony ID USA 83445</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> </tbody> </table>						Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Diane Remilong 432 Center St. Anthony ID USA 83445						Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																		
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Diane Remilong 432 Center St. Anthony ID USA 83445																																							
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																								
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																								
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																								
5. Organized Under the Laws of:  IDAHO W 16061		<p>6.</p> <p>Signature: <u>Diane Remilong</u> Date: <u>5/30/16</u> Name (type or print): <u>Diane Remilong</u> Title: <u>Resident</u></p>																																						
Issued 05/23/2016 by TLB																																								
130044																																								

## 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