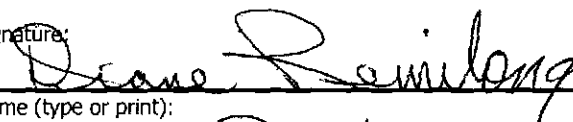
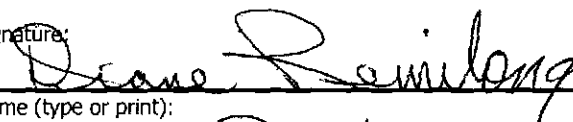
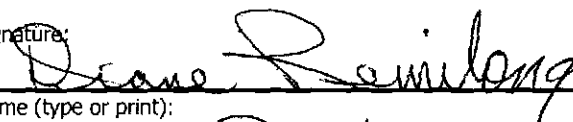


No. W 16061	Due no later than Jul 31, 2016 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) DIANE REMILONG 432 N CENTER PARKER ST ANTHONY ID 83445
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. GOLDEN RAM PAINTING AND LOG FURNISHINGS L.L.C. 432 N CENTER PARKER ST ANTHONY ID 83445		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

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 N 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: <div style="text-align: center;"> IDAHO W 16061 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: 5/30/16 </td> </tr> <tr> <td> Name (type or print): DIANE Remilong </td> <td> Title: President </td> </tr> </table>	Signature: 	Date: 5/30/16	Name (type or print): DIANE Remilong	Title: President
Signature: 	Date: 5/30/16				
Name (type or print): DIANE Remilong	Title: President				

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