No. **W 94561**	**Due no later than Jul 31, 2015** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** LATERAL CONCEPTS, LLC BRAD L PENSKE 4136 WIRTH DR COEUR D ALENE ID 83815 USA	BRAD PENSKE 4136 WIRTH DR COEUR D ALENE ID 83815 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	BRAD L PENSKE	4136 WIRTH DR	COEUR D ALENE	ID	USA	83815

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 94561**	Signature: Brad L. Penske	Date: 05/20/2015
	Name (type or print): Brad L. Penske	Title: Manager

Processed 05/20/2015

* Electronically provided signatures are accepted as original signatures.