

No. W 132986	Due no later than Jan 31, 2015 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) WAYNE LANIER 1848 MICHAEL ST IDAHO FALLS ID 83402																																			
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. LANIER FAMILY CABIN, LLC (THE) 1848 MICHAEL ST IDAHO FALLS ID 83402		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 25%;">Name</th> <th style="width: 25%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 5%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>WAYNE LANIER</td> <td>1848 Michael</td> <td>Idaho Falls</td> <td>Ida</td> <td></td> <td>83402</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>USA</td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></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"/>	WAYNE LANIER	1848 Michael	Idaho Falls	Ida		83402	Manager <input type="checkbox"/> Member <input type="checkbox"/>					USA		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"/>	WAYNE LANIER	1848 Michael	Idaho Falls	Ida		83402																																
Manager <input type="checkbox"/> Member <input type="checkbox"/>					USA																																	
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 132986 </div>	6. <table style="width: 100%;"> <tr> <td style="width: 60%;">Signature: <u>Wayne D. Lanier</u></td> <td style="width: 40%;">Date: <u>11-20-14</u></td> </tr> <tr> <td>Name (type or print): <u>WAYNE D. LANIER</u></td> <td>Title: <u>Manager - owner</u></td> </tr> </table>			Signature: <u>Wayne D. Lanier</u>	Date: <u>11-20-14</u>	Name (type or print): <u>WAYNE D. LANIER</u>	Title: <u>Manager - owner</u>																															
Signature: <u>Wayne D. Lanier</u>	Date: <u>11-20-14</u>																																					
Name (type or print): <u>WAYNE D. LANIER</u>	Title: <u>Manager - owner</u>																																					
Issued 11/17/2014 by JLI		125496																																				