No. <b>W 60923</b>		The state of the s		2. Registered	2. Registered Agent and Address (NO PO BOX)			
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 LOWELL 42 LLC  WM. LYMAN BELNAP  1401 SHORELINE DR STE 2  BOISE ID 83702		1401 SHOR BOISE ID	WM. LYMAN BELNAP 1401 SHORELINE DR STE 2 BOISE ID 83702  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
200 200		nes and Addresses	of at least one Member or Manager.		_			
Office Held Na	ime		Street or PO Address	City	State	Country	Postal Code	
MANAGER WI	M. LYMAN	BELNAP	1401 SHORELINE DR STE 2	BOISE	ID	USA	83702	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 60923		Signature: Wm.		Date: 05/27/2008				
		Name (type or p		Title: Manager				
Processed 05/27/2008 * Electronically provided signatures are accepted as original signatures.								