| No. W 84099 | | Due no later than May 31, 2018 | | 2. Register | 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. LAKESIDE SERVICES, LLC JASON A SMITH 3165 E STONE POINT DR BOISE ID 83712 | | 2465.5 | MARCIA SMITH 3165 E STONE POINT DR | | | |
| | | | | BOISE | BOISE ID 83712 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Com | panies: Enter Na | mes and Addresses of a | t least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER JASON A SMI | | MITH | 3165 E STONE POINT DR | BOISE | ID | USA | 83712 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID W 84099 | | Signature: Marcia Smith | | | Date: 04/15/2018 | | | |
| | | Name (type or print | | Title: Agent | | | | |
| Processed 04/15/2018 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |