

No. W 49694

Due no later than April 30, 2009

Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

LMS LLC
WILBUR CHAPMAN
905 BRYDEN AVE
LEWISTON, ID 83501WILBUR G CHAPMAN
905 BRYDEN AVE
LEWISTON, ID 83501NO FILING FEE IF
RECEIVED BY DUE DATE3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

Office heldNameStreet or P.O. AddressCityStateZip

Owner Wilbur Chapman 905 Bryden Ave Lewiston ID 83501

5. Organized Under the Laws of:

IDAHO
W 49694

6.

Signature

Wilbur Chapman

Date

2-20-09

Name
(Typed or
Printed)

Wilbur Chapman

Title

Owner

Issued 02/02/2009

Do Not Tape or Staple

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