

No. W 49694

Due no later than April 30, 2009
Annual Report Form

2. Registered Agent and Office NO PO BO

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 83501

WILBUR G CHAPMAN
905 BRYDEN AVE
LEWISTON, ID 83501

**NO FILING FEE IF
RECEIVED BY DUE DATE**

3. New Registered Agent Signature

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

Office held

Name

Street or P.O. Address

City

State

Zip

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