

No. W 118418		Due no later than Oct 31, 2015 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. DEBORAH MCCRINK, LMP, LLC DEBORAH MCCRINK LMP 660 S SAND WEDGE DR POST FALLS ID 83854		DEBORAH MCCRINK, LMP 660 S SAND WEDGE DR POST FALLS ID 83854			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	DEBORAH MCCRINK DEBORAH MCCRINK, LMP	660 E. SAND WEDGE DRL	POST FALLS	ID	USA	83854	
5. Organized Under the Laws of: ID W 118418		6. Annual Report must be signed.* Signature: Deborah McCrink Name (type or print): Deborah McCrink					
Processed 10/28/2015		* Electronically provided signatures are accepted as original signatures.					
Date: 10/28/2015 Title: Owner							