

No. W 57736

Due no later than January 31, 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 MANAGEMENT LLC
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.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Owner	Wilbur Chapman	905 Bryden Ave	Lewiston	Id	83501

5. Organized Under the Laws of:

IDAHO
W 57736

6.

Signature

Wilbur Chapman

Date

11-24-08

Name (Typed or Printed)

Wilbur Chapman

Title

Owner

Issued 11/05/2008

Do Not Tape or Staple

200901008565