


No. W 166241	Due no later than May 31, 2017 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) MELISSA WELLS 1859 N LAKEWOOD DR COEUR D'ALENE ID 83814
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. LAKESIDE EQUIPMENT LEASING, LLC 717 W SPRAGUE AVE STE 800 SPOKANE WA 99201		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Melissa Wells	717 W Sprague Ave Ste 800	Spokane	WA	USA	99201
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold;">WASHINGTON</div> <div style="text-align: center; font-weight: bold;">W 166241</div>	6. Signature:  <hr/> Name (type or print): <u>Josh Hemmingson</u> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Date: <u>6/23/2017</u> </div> <div style="width: 35%;"> Title: <u>Accountant</u> </div> </div>
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM