

No. W 12096		Due no later than May 31, 2014 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. LUPIN, LIMITED LIABILITY COMPANY JAMES M ST CLAIR PO BOX 457 VICTOR ID 83455		JAMES M ST CLAIR 726 LAKESIDE DRIVE VICTOR ID 83455			
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 MANAGER	Name JAMES M ST. CLAIR	Street or PO Address 41 E 400 S		City DRIGGS	State ID	Country USA	Postal Code 83422
5. Organized Under the Laws of: ID W 12096		6. Annual Report must be signed.* Signature: James M Stclair Name (type or print): James M Stclair Date: 07/05/2014 Title: Managing Member					
Processed 07/05/2014 * Electronically provided signatures are accepted as original signatures.							