

No. W 12096		Due no later than May 31, 2014		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 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			
				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	
MANAGER	JAMES M ST. CLAIR	41 E 400 S	DRIGGS	ID	USA	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.					