No. **W 65961**	**Due no later than Aug 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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** LOST PINE LLC STACY LERWILL 3096 N 8000 W TETONIA ID 83452	STACY LERWILL 3096 N 8000 W TETONIA ID 83452 3. New 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	STACY LERWILL	3096 N 8000 W	TETONIA	ID		83452
MEMBER	BRENDA LERWILL	3096 N 8000 W	TETONIA	ID		83452

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 65961**	Signature: Stacy Lerwill	Date: 06/30/2015
	Name (type or print): Stacy Lerwill	Title: Manager

Processed 06/30/2015

* Electronically provided signatures are accepted as original signatures.