No. W 60719		Due no later than Mar 31, 2012 Annual Report Form 1. Mailing Address: Correct in this box if needed. LGL, L.L.C. ANDREW LYDA 224 TRAILWOOD AVE TWIN FALLS ID 83301 USA		2. Registered Ag	2. Registered Agent and Address (NO PO BOX) ANDREW C LYDA 224 TRAILWOOD AVE TWIN FALLS ID 83301 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE				224 TRAILWO TWIN FALLS				
		nes and Address	ses of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
Broken with a constant	AMANDA LYDA ANDREW C LYDA		224 TRAILWOOD AVENUE 224 TRAILWOOD AVE	TWIN FALLS TWIN FALLS	ID ID	USA USA	83301 83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: A		Date: 02/24/2012				
W 60719		Name (type		Title: Manager				
Processed 02/24/2012 * Electronically provided signatures are accepted as original signatures.								