

|  |                  |   |       |   |         |                         |  |
|--|------------------|---|-------|---|---------|-------------------------|--|
| No. <b>W 113400</b>  |                  | <b>Due no later than Apr 30, 2015</b>   |       | 2. Registered Agent and Address <b>(NO PO BOX)</b>      |         |                         |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                  | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>LAZY 7 HANGING J, LLC<br>AMELIA A LINDSTROM<br>2810 SNOWFLAKE DR<br>BOISE ID 83706 |       | MICHAEL R LINDSTROM<br>2810 SNOWFLAKE DR<br>BOISE 83706 |         |                         |  |
|  |                  |   |       | 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             |  |
| MEMBER   | AMELIA LINDSTROM | 2810 SNOWFLAKE DRIVE  | BOISE | ID  | USA     | 83706                   |  |
| 5. Organized Under the Laws of:  |                  | 6. Annual Report must be signed.*   |       |   |         |                         |  |
| <b>ID<br/>W 113400</b>   |                  | Signature: Michael R Lindstrom  |       |   |         | Date: 02/14/2015        |  |
|  |                  | Name (type or print): Michael R Lindstrom   |       |   |         | Title: Registered Agent |  |
| Processed 02/14/2015   |                  | * Electronically provided signatures are accepted as original signatures.   |       |   |         |                         |  |