No. W 56339		Due no later than Nov 30, 2013		2. Registere	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			CHARLAYNE STREETER 402 E 5TH AVE POST FALLS ID 83854			
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. L & S IDAHO PROPERTIES, LLC CHARLAYNE STREETER PO BOX 1995						
		POST FALLS ID 83877		3. <u>New</u> Regi	3. New Registered Agent Signature:*			
4. Limited Liability C	ompanies: Enter Na	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER CHARLAYNE STREETER MANAGER LAURA BURGAN		402 E 5TH AVE 402 E 5TH AVE	POST FALL POST FALL		USA USA	83854 83854		
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 56339		Signature: Laura Burgan			Date: 11/28/2013			
		Name (type or print): Laura Burgan			Title: Manager			
Processed 11/28/20	13	* Electronically pro	ovided signatures are accepted as origin	nal signatures.				