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| No. W 65961 | | Due no later than Aug 31, 2016 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 | | 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 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | 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 | 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: ID W 65961 | | 6. Annual Report must be signed.* Signature: Stacy Lerwill Name (type or print): Stacy Lerwill Date: 06/30/2016 Title: Manager | | | | | |
| Processed 06/30/2016 * Electronically provided signatures are accepted as original signatures. | | | | | | | |