

No. W 55530	Due no later than Oct 31, 2015 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) SELMA LAMB HWY 21 PO BOX 132 STANLEY ID 83278
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. J L S LAMB PLOWING CO., L.L.C. PO BOX 132 STANLEY ID 83278		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	Selma Lamb	PO Box 132	Stanley, Id.	USA		83278
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Joseph Lamb	P.O. Box 315	Stanley, Id.	USA		83278
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Lloyd Lamb	P.O. Box 7	Stanley, Id.	USA		83278
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 55530 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: <u>Selma Lamb</u> </td> <td style="width: 40%;"> Date: <u>9-11-15</u> </td> </tr> <tr> <td> Name (type or print): <u>Selma Lamb</u> </td> <td> Title: <u>Managing Member</u> </td> </tr> </table>	Signature: <u>Selma Lamb</u>	Date: <u>9-11-15</u>	Name (type or print): <u>Selma Lamb</u>	Title: <u>Managing Member</u>
Signature: <u>Selma Lamb</u>	Date: <u>9-11-15</u>				
Name (type or print): <u>Selma Lamb</u>	Title: <u>Managing Member</u>				

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM