No. <b>W 5312</b> Return to:		Due no later than Jan 31, 2014 Annual Report Form			2. Registered Agent and Address (NO PO BOX)  LARRY OJA			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  OJA'S LLC LARRY G OJA  1034 SOUTH 100 WEST MALAD ID 83252		MALAD ID	1034 SOUTH 100 WEST MALAD ID 83252  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Limited Liability Compa	nies: Enter Nar	mes and Addresses	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	LCPO, A FAM	IILY TRUST	10990 N OLD HWY 191	MALAD	ID	USA	83252	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Larry Oja			Date: 02/08/2014			
W 5312		Name (type or	print): Larry Oja		Title: Manager			
Processed 02/08/2014 * Electronically provided signatures are accepted as original signatures.								