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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------|------------------------------------------------------------|---------|------------------|--|
| No. <b>W 131069</b>                                                                                                                                    |                | <b>Due no later than Nov 30, 2016</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>LNW RESIDENCE, LLC<br>WAYNE L. OLSON<br>1049 JOHN RUBY RD<br>MOSCOW ID 83843 |        | WAYNE L OLSON<br>1049 JOHN RUBY RD<br>MOSCOW ID 83843-3913 |         |                  |  |
|                                                                                                                                                        |                |                                                                                                                                               |        | 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      |  |
| MANAGER                                                                                                                                                | WAYNE L. OLSON | 1049 JOHN RUBY ROAD                                                                                                                           | MOSCOW | ID                                                         | USA     | 83843            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                | 6. Annual Report must be signed.*                                                                                                             |        |                                                            |         |                  |  |
| <b>ID<br/>W 131069</b>                                                                                                                                 |                | Signature: Wayne L. Olson                                                                                                                     |        |                                                            |         | Date: 09/27/2016 |  |
|                                                                                                                                                        |                | Name (type or print): Wayne L. Olson                                                                                                          |        |                                                            |         | Title: Manager   |  |
| Processed 09/27/2016                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                     |        |                                                            |         |                  |  |