

No. W 1019		Due no later than Mar 31, 2017 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. LAM & LUI, LLC JACK LAM 1963 CANDLERIDGE DR. TWIN FALLS ID 83301-8304		JACK LAM 1963 CANDLERIDGE DR. TWIN FALLS ID 83301-8304			
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	
MANAGER	JACK LAM	1963 CANDLERIDGE DR.	TWIN FALLS	ID	83301-8304		
MANAGER	KONNIE LAM	1963 CANDLERIDGE DR.	TWIN FALLS	ID	USA	83301-8304	
5. Organized Under the Laws of: ID W 1019		6. Annual Report must be signed.* Signature: jack lam Name (type or print): jack lam					
		Date: 02/02/2017 Title: Manager					
Processed 02/02/2017 * Electronically provided signatures are accepted as original signatures.							