No. W 131726 Return to:		Annual Report Form 1. Mailing Address: Correct in this box if needed. LANEIGE LLC DEBRA LYNN SPOJA 1020 W MAIN ST			2. Registered Agent and Address (NO PO BOX) DEBRA LYNN SPOJA 1020 W MAIN ST BOISE 83702 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE				BOISE 83				
4. Limited Liability Com	panies: Enter Na	mes and Addresses of at	least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER DEBRA SPOJA		1398 HUCKLEBERRY LN S	BILLINGS	MT	USA	59106		
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: debra spoja		Date: 01	Date: 01/13/2015			
W 131726		Name (type or print): debra spoja		Title: operating manager				
Processed 01/13/2015 * Electronically provided signatures are accepted as original signatures.								