No. W 128108 Return to:		Due no later than Aug 31, 2014 Annual Report Form		2. Registered Agent and Address (NO PO BOX) KATIE MUMM 3187 W ARIMO RD ARIMO ID 83214 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. LAVA ICE L.L.C. KATIE ANNE MUMM 3187 W ARIMO RD ARIMO ID 83214	3187 W AR ARIMO ID				
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Compa	anies: Enter Nai	mes and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER JEDD MUMM		3187 WEST ARIMO ROAD	ARIMO	ID	USA	83214	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Kathryn Mumm	Date: 09/18/2014				
W 128108		Name (type or print): Kathryn Mumm		Title: Owner			
Processed 09/18/2014 * Electronically provided signatures are accepted as original signatures.							