

No. W 85205	Due no later than Jul 31, 2016 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed.		APRIL BRANN 1336 11TH AVE TWIN FALLS ID 83301			
	IDAHO LEASING & MANAGEMENT, LLC DALE B CONDIT 255 BLUE LAKES BLVD N #673 TWIN FALLS ID 83301-5238		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	MARSHA J CONDIT	255 BLUE LAKES BLVD N #673	TWIN FALLS	ID	USA	83301-5238
5. Organized Under the Laws of: ID W 85205		6. Annual Report must be signed.* Signature: Marsha Condit Name (type or print): Marsha Condit		Date: 06/12/2016 Title: Manager		
Processed 06/12/2016		* Electronically provided signatures are accepted as original signatures.				