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|--|-----------------------|---|--------|--|------------------|-------------|--|
| No. W 6810 | | Due no later than Aug 31, 2009 | | 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 | | Annual Report Form | | BRENT W STOHL 4780 HWY. 32 ASHTON ID 83420 | | | |
| | | 1. Mailing Address: Correct in this box if needed. | | 3. <u>New</u> Registered Agent Signature:* | | | |
| | | LAMONT ELEVATORS LLC BRENT W STOHL BOX 505 ASHTON ID 83420 | | | | | |
| 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 | BRENT W STOHL | PO BOX 505 | ASHTON | ID | USA | 83420 | |
| MANAGER | FRED (BUD) W MORRISON | 525 N 4600 E | ASHTON | ID | USA | 83420 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID W 6810 | | Signature: Brent W. Stohl | | | Date: 07/16/2009 | | |
| | | Name (type or print): Brent W. Stohl | | | Title: Manager | | |
| Processed 07/16/2009 | | * Electronically provided signatures are accepted as original signatures. | | | | | |