

No. W 139794	Due no later than Jul 31, 2015 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) LYNN BRANDON 460 5TH AVE E TWIN FALLS ID 83301
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. LYNN BRANDON L.L.C. LYNN BRANDON 460 5TH AVE E TWIN FALLS ID 83301		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	LYNN BRANDON	460 5TH AVE E.	TWIN FALLS	ID.	U.S.	83301
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 139794 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: <u>Lynn Brandon</u> </td> <td style="width: 40%;"> Date: <u>5/27/15</u> </td> </tr> <tr> <td> Name (type or print): <u>LYNN BRANDON</u> </td> <td> Title: <u>OWNER/MANAGER</u> </td> </tr> </table>	Signature: <u>Lynn Brandon</u>	Date: <u>5/27/15</u>	Name (type or print): <u>LYNN BRANDON</u>	Title: <u>OWNER/MANAGER</u>
Signature: <u>Lynn Brandon</u>	Date: <u>5/27/15</u>				
Name (type or print): <u>LYNN BRANDON</u>	Title: <u>OWNER/MANAGER</u>				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM