

No. W 82416		Due no later than Mar 31, 2017 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		1. Mailing Address: Correct in this box if needed. L. L. CROW FAMILY, LLC LALISA R. THOMASON PO BOX 216 CRAIGMONT ID 83523		LALISA R THOMASON 320 N 2ND AVE CRAIGMONT ID 83523			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name LALONI L. MYERS	Street or PO Address 50 FAIRWAY DRIVE		City PRIEST LAKE	State ID	Country USA	Postal Code 83856
5. Organized Under the Laws of: ID W 82416		6. Annual Report must be signed.* Signature: LaLisa R. Thomason Name (type or print): LaLisa R. Thomason Date: 01/28/2017 Title: Manager					
Processed 01/28/2017 * Electronically provided signatures are accepted as original signatures.							