No. <b>W 77862</b>		Due no later than Sep 30, 2011	2. Registered /	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form			ROBERT NIELSEN			
SECRETARY OF STATE	1. Mailing	1. Mailing Address: Correct in this box if needed.		1214 N TRAILCREEK EAGLE ID 83616			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	ROBERT NI	LAKESHORE HOLDINGS, LLC ROBERT NIELSEN 1214 N TRAILCREEK LN					
	EAGLE ID	EAGLE ID 83616		3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter	Names and Addres	ses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER ROBERT	NIELSEN	1214 N TRAILCREEK LANE	EAGLE	ID	USA	83616	
5. Organized Under the Laws of:  6. Annual Report must be signed.*							
ID	Signature: F	Signature: Robert Nielsen		Date: 08/16/2011			
W 77862	Name (type	Name (type or print): Robert Nielsen		Title: Manager			
Processed 08/16/2011	* Electronically	* Electronically provided signatures are accepted as original signatures.					