

<b>No. W 68963</b>	<b>Due no later than November 30, 2008</b> <b>Annual Report Form</b>		<b>2. Registered Agent and Office NO PO BOX</b>  KEITH LORENZ 406 POSCH HILL RD ST MARIES, ID 83861																		
<b>Return to:</b> SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address - Correct in this box, if applicable</b>  LOSE THAT MORTGAGE, LLC 406 POSCH HILL RD <del>301 COLLEGE AVE</del> ST. MARIES, ID <del>ST MARIES, ID 83861</del> 83815 <del>2312 N. 10TH AVE</del> <del>BOISE, ID 83720</del>		<b>3. New Registered Agent Signature</b>																		
<b>4. Limited Liability Companies: Enter Names and Addresses of Members.</b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Office held</th> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Street or P.O. Address</th> <th style="text-align: left; border-bottom: 1px solid black;">City</th> <th style="text-align: left; border-bottom: 1px solid black;">State</th> <th style="text-align: left; border-bottom: 1px solid black;">Zip</th> </tr> </thead> <tbody> <tr> <td>OWNER</td> <td>KEITH LORENZ</td> <td>P.O. Box 179</td> <td>ST. MARIES</td> <td>ID</td> <td>83815</td> </tr> <tr> <td>CO-OWNER</td> <td>JAMIE LORENZ</td> <td>P.O. Box 179</td> <td>ST. MARIES</td> <td>ID</td> <td>83815</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	OWNER	KEITH LORENZ	P.O. Box 179	ST. MARIES	ID	83815	CO-OWNER	JAMIE LORENZ	P.O. Box 179	ST. MARIES	ID	83815
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<b>5. Organized Under the Laws of:</b> IDAHO W 68963		<b>6.</b> Signature <u>Keith Lorenz</u> Date <u>10-24-08</u> Name (Typed or Printed) <u>KEITH LORENZ</u> Title <u>OWNER</u>																			
Is <u>09/02/2008</u> or Stap.																					