

No. <b>W 49694</b>	<b>Due no later than Apr 30, 2011</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON 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 needed.</b>  LMS LLC WILBUR CHAPMAN 905 BRYDEN AVE LEWISTON ID 83501		WILBUR G CHAPMAN 905 BRYDEN AVE LEWISTON ID 83501			
			3. <u>New</u> Registered Agent Signature:*			
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	WILBUR G CHAPMAN	905 BRYDEN AVE	LEWISTON	ID	USA	83501
5. Organized Under the Laws of:  <b>ID</b> <b>W 49694</b>	6. Annual Report must be signed.* Signature: Wilbur Chapman Name (type or print): Wilbur Chapman		Date: 03/20/2011 Title: Mgr			
Processed 03/20/2011		* Electronically provided signatures are accepted as original signatures.				