

No. <b>W 641</b>	<b>Due no later than Nov 30, 2017 Annual Report Form</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> WILLIAM L LAWTON 2507 E TIMBERLAND DR EAGLE ID 83616																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE          DATE</b>	1. <b>Mailing Address: Correct in this box if needed.</b> LAWTON INVESTMENTS, L.C. WILLIAM L LAWTON 2507 E TIMBERLAND DR EAGLE ID 83616		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 15%;">Name</th> <th style="width: 30%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 5%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>William L Lawton</td> <td>2507 E Timberland Dr.</td> <td>Eagle</td> <td>ID</td> <td></td> <td>83616</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Frances A. Lawton</td> <td>2507 E. Timberland Dr.</td> <td>Eagle</td> <td>ID</td> <td></td> <td>83616</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>David A. Lawton</td> <td>7847 E. Springfield Dr.</td> <td>Nampa</td> <td>ID</td> <td></td> <td>83687</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	William L Lawton	2507 E Timberland Dr.	Eagle	ID		83616	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Frances A. Lawton	2507 E. Timberland Dr.	Eagle	ID		83616	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	David A. Lawton	7847 E. Springfield Dr.	Nampa	ID		83687	Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  <div style="text-align: center; font-weight: bold; font-size: 1.2em;">           ARIZONA            W 641         </div>	6. Signature: <u>Wm Lawton</u> Date: <u>10/9/17</u> <hr/> Name (type or print): <u>William L Lawton</u> Title: <u>Managing Member</u>																																					
Issued 10/02/2017 by TLB		116913																																				