


| No. C124250 | Annual Report Form Due No Later Than November 30, 1999 | | 2. Registered Agent and Office NOT A P.O. BOX | | | | | | | | | | | | | | | | | | | |
|--|--|------------------------|--|-------|-------------|------|------------------------|------|-------|-----|-----------|----------------|-----------------|-------------|----|-------|--------------|-----------------|-----------------|-------------|----|-------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE * | 1. Mailing Address: Please Correct if Not Correct L & M CONTRACTORS AND DEVELO 520 W 15TH ST IDAHO FALLS ID 83402 | | MATT MORGAN 520 W 15TH ST IDAHO FALLS ID 83402 3. Organized Under the laws of ID C124250 | | | | | | | | | | | | | | | | | | | |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Matt M. Morgan</td> <td>520 W. 15th St.</td> <td>Idaho Falls</td> <td>ID</td> <td>83402</td> </tr> <tr> <td>V. President</td> <td>Lynne M. Morgan</td> <td>520 W. 15th St.</td> <td>Idaho Falls</td> <td>ID</td> <td>83402</td> </tr> </tbody> </table> | | | | | Office held | Name | Street or P.O. Address | City | State | Zip | President | Matt M. Morgan | 520 W. 15th St. | Idaho Falls | ID | 83402 | V. President | Lynne M. Morgan | 520 W. 15th St. | Idaho Falls | ID | 83402 |
| Office held | Name | Street or P.O. Address | City | State | Zip | | | | | | | | | | | | | | | | | |
| President | Matt M. Morgan | 520 W. 15th St. | Idaho Falls | ID | 83402 | | | | | | | | | | | | | | | | | |
| V. President | Lynne M. Morgan | 520 W. 15th St. | Idaho Falls | ID | 83402 | | | | | | | | | | | | | | | | | |
| 5. Signature of New Registered Agent | 6.  Signature _____ Date 8/17/99 Name (Typed or Printed) Matt M. Morgan Title President | | | | | | | | | | | | | | | | | | | | | |

ISSUED: 07-03-1999

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