




No. <b>W 37933</b>	Due no later than Mar 31, 2013 <b>Annual Report Form</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> CARLENE R SMITH 2604 N MORROW RESERVOIR RD GLENNS FERRY ID 83623
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> LAVA RIM RANCH, LLC 2604 N MORROW RESERVOIR RD GLENNS FERRY ID 83623		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.
 

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Carlene Smith	2604 N Morrow Res Rd	Glenns Ferry	ID.		83623
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Lynn Viner		Caldwell	ID		
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of:  <div style="text-align: center;"> <b>IDAHO</b>  <b>W 37933</b> </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">           Signature:              Name (type or print):            Carlene Smith         </td> <td style="width: 40%;">           Date: 2/15/13             Title:            Manager         </td> </tr> </table>	Signature:  Name (type or print): Carlene Smith	Date: 2/15/13  Title: Manager
Signature:  Name (type or print): Carlene Smith	Date: 2/15/13  Title: Manager		

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