| No. W 25008 | | Due no later than Jul 31, 2014 | | 2. Registered | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|-------------------------|--|--|----------------------------|--|------------|----------------|--|
| Return to: | | Annual Report Form | | #0000000 00 00000 00 00000 | BRADFORD PAINE SHAW 4937 N HOLLOW LANE BOISE ID 83702 3. New Registered Agent Signature:* | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | 1. Mailing Address: Correct in this box if needed. LEXOLA LLC BRADFORD P SHAW 4937 N HOLLOW LANE BOISE ID 83702 USA | | BOISE ID | | | | |
| | | | | 3. <u>New</u> Regis | | | | |
| 4. Limited Liability Compan | ies: Enter Nar | mes and Addresses | of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER MEMBER | BRADFORD I M CAMILLE | PAINE SHAW SHAW | 4937 N HOLLOW LANE 4937 N HOLLOW LANE | BOISE BOISE | ID ID | USA USA | 83702 83702 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Brac | | Date: 05/13/2014 | | | | |
| W 25008 | | Name (type or p | | Title: Member | | | | |
| Processed 05/13/2014 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |