

No. <b>W 12096</b>	<b>Due no later than May 31, 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> LUPIN, LIMITED LIABILITY COMPANY JAMES M ST CLAIR PO BOX 457 VICTOR ID 83455	JAMES M ST CLAIR 726 LAKESIDE DRIVE VICTOR ID 83455				
		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	JAMES M ST. CLAIR	726 LAKESIDE DR.	VICTOR	ID	USA	83455
5. Organized Under the Laws of:  <b>ID</b> <b>W 12096</b>	6. Annual Report must be signed.* Signature: James M Stclair Name (type or print): James M Stclair		Date: 05/30/2011 Title: Manager			
Processed 05/30/2011		* Electronically provided signatures are accepted as original signatures.				