

|  |                   |  |            |  |                     |
|--|-------------------|--|------------|--|---------------------|
| No. <b>W 19271</b>   |                   | <b>Due no later than May 31, 2016</b>  |            | 2. Registered Agent and Address <b>(NO PO BOX)</b>         |                     |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                   | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>LT & CB, LLC<br>THAYNE KETTERLING<br>233 EDWARDS DR<br>TWIN FALLS ID 83301 |            | THAYNE KETTERLING<br>233 EDWARDS DR<br>TWIN FALLS ID 83301 |                     |
|  |                   |  |            | 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  | THAYNE KETTERLING | 233 EDWARDS DR   | TWIN FALLS | ID   | 83301               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 19271</b>   |                   | 6. Annual Report must be signed.*<br>Signature: thayne ketterling<br>Name (type or print): thayne ketterling<br>Date: 03/19/2016<br>Title: president                         |            |  |                     |
| Processed 03/19/2016   |                   | * Electronically provided signatures are accepted as original signatures.  |            |  |                     |