

|                                                                                                                                                        |                  |                                                                                 |        |                                                    |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------------------------------|--------|----------------------------------------------------|---------|------------------|--|
| No. <b>W 102584</b>                                                                                                                                    |                  | <b>Due no later than Apr 30, 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>                                                       |        | LONNIE EDWARDS<br>664 E 200 S<br>JEROME ID 83338   |         |                  |  |
|                                                                                                                                                        |                  | <b>1. Mailing Address: Correct in this box if needed.</b>                       |        | 3. <u>New</u> Registered Agent Signature:*         |         |                  |  |
|                                                                                                                                                        |                  | L & D COAST TO COAST, LLC<br>LONNIE D EDWARDS<br>664 E 200 S<br>JEROME ID 83338 |        |                                                    |         |                  |  |
| 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                                                                                                                                                | LONNIE D EDWARDS | 664 E 200 S                                                                     | JEROME | ID                                                 | USA     | 83338            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                  | 6. Annual Report must be signed.*                                               |        |                                                    |         |                  |  |
| <b>ID<br/>W 102584</b>                                                                                                                                 |                  | Signature: Lonnie D Edwards                                                     |        |                                                    |         | Date: 02/24/2016 |  |
|                                                                                                                                                        |                  | Name (type or print): Lonnie D Edwards                                          |        |                                                    |         | Title: Manager   |  |
| Processed 02/24/2016                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.       |        |                                                    |         |                  |  |