

No. W 109198	Due no later than Dec 31, 2013 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: 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.		MONA COCKRELL 237 LEMHI ROAD SALMON ID 83467			
	LAMAR COCKRELL & SONS LLC MONA COCKRELL 237 LEMHI ROAD SALMON ID 83467		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	KESTER LAMAR COCKRELL	237 LEMHI RD	SALMON	ID	USA	83467
MANAGER	ORIE COCKRELL	5 S. BEAN LN	SALMON	ID	USA	83467
MANAGER	THOMAS COCKRELL	237 LEMHI RD	SALMON	ID	USA	83467
5. Organized Under the Laws of: ID W 109198	6. Annual Report must be signed.* Signature: Orie Cockrell Name (type or print): Orie Cockrell		Date: 12/05/2013 Title: Member			
Processed 12/05/2013		* Electronically provided signatures are accepted as original signatures.				