No. **W 22034**	**Due no later than Dec 31, 2015** **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.** L & L PROPERTIES, LLC LOREN L SHOCKEY 5620 FAIRVIEW AVE BOISE ID 83706	LUANNE WAGNER 5620 FAIRVIEW AVE BOISE ID 83706 3. New 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	LUANNE NEWMAN	986 W. CHERRY BELLO DR.	EAGLE	ID		83616
MANAGER	LOREN SHOCKEY	7170 HWY 44	STAR	ID		83669

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 22034**	Signature: LUANNE NEWMAN	Date: 10/26/2015
	Name (type or print): LUANNE NEWMAN	Title: MANAGER

Processed 10/26/2015

* Electronically provided signatures are accepted as original signatures.