| No. W 10855 | Due no later than Jan 31, 2017 | 2. Registered Agent and Address (NO PO BOX) |
|--|---|---|
| Return to: | Annual Report Form | CAPITOL CORPORATE SERVICES INC |
| SECRETARY OF STATE | 1. Mailing Address: Correct in this box if needed. | 921 S ORCHARD ST STE G BOISE ID 83705 |
| 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | LAMAR COMPANY, L.L.C. (THE) KARLA ARCENEAUX 5321 CORPORATE BLVD | BOISE ID 63/03 |
| | BATON ROUGE LA 70808 | 3. New Registered Agent Signature:* |
| NO FILING FEE IF RECEIVED BY DUE DATE | | |
| 4. Limited Liability Companies: Enter Na | mes and Addresses of at least one Member or Manager. | |
| Office Held Name | Street or PO Address | City State Country Postal Code |
| MANAGER LAMAR MED | IA CORP 5551 CORPORATE BLVD | BATON ROUGE LA 70808 |
| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | |
| LA | Signature: Keith Istre | Date: 11/22/2016 |
| W 10855 | Name (type or print): Keith Istre | Title: CFO |
| Processed 11/22/2016 | * Electronically provided signatures are accepted as original signatures. | |