

No. W 48203	Due no later than Mar 31, 2011 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) ROBERT M LORENZ 458 CRESTLINE CIRCLE DR LEWISTON ID 83501
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. LORENZ CONSTRUCTION LLC ROBERT M LORENZ 458 CRESTLINE CIRCLE DR LEWISTON ID 83501		3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.			
Manager/Member	Name	Street or PO Address	City State Country Postal Code
MANAGER	ROBERT M LORENZ	458 Crestline Circle Dr	LEWISTON ID USA 83501
5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 48203 </div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> Signature: <u>Robert M Lorenz</u> Name (type or print): <u>ROBERT M. LORENZ</u> </div> <div> Date: <u>25 2011</u> Title: <u>MANAGER</u> </div> </div>	
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM