

|  |                          |  |  |  |             |                |                      |
|--|--------------------------|--|--|--|-------------|----------------|----------------------|
| No. <b>W 41875</b>   |                          | <b>Due no later than Aug 31, 2017</b><br><b>Annual Report Form</b>   |  | 2. Registered Agent and Address ( <b>NO PO BOX</b> ) |             |                |                      |
| Return to:<br><br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 |                          | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>LESCO ENTERPRISES, LLC.<br>LESLIE L ROBERTS<br>PO BOX 2663<br>MCCALL ID 83638       |  | LESLIE L ROBERTS<br>300 KRAHN LN<br>MCCALL ID 83638  |             |                |                      |
| <b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>   |                          |  |  | 3. <u>New</u> Registered Agent Signature:*           |             |                |                      |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.       |                          |  |  |  |             |                |                      |
| Office Held<br>MEMBER  | Name<br>LESLIE L ROBERTS | Street or PO Address<br>PO BOX 2663  |  | City<br>MCCALL                                       | State<br>ID | Country<br>USA | Postal Code<br>83638 |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 41875</b>                                 |                          | 6. Annual Report must be signed.*<br><br>Signature: Leslie Roberts<br>Name (type or print): Leslie Roberts<br><br>Date: 08/01/2017<br>Title: Manager |  |  |             |                |                      |
| Processed 08/01/2017 * Electronically provided signatures are accepted as original signatures.     |                          |  |  |  |             |                |                      |