

No. W 641		Due no later than Nov 30, 2013 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) WILLIAM L LAWTON 3145 OSPREY RD 2507 E Timberland Dr. EAGLE ID 83616																																				
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. LAWTON INVESTMENTS, L.C. DAVID A LAWTON 3145 OSPREY RD 2507 E. Timberland Dr. EAGLE ID 83616		3. New Registered Agent Signature.																																				
<p>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</p> <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>DAVID LAWTON</td> <td>1454 Manship Pl. Meridian ID</td> <td></td> <td>ADA</td> <td></td> <td>83642</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>William Lawton</td> <td>2507 E. Timberland Dr.</td> <td>Eagle</td> <td>IDA</td> <td></td> <td>83616</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Frances Lawton</td> <td>2507 E. Timberland Dr.</td> <td>Eagle</td> <td>IDA</td> <td></td> <td>83616</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	DAVID LAWTON	1454 Manship Pl. Meridian ID		ADA		83642	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	William Lawton	2507 E. Timberland Dr.	Eagle	IDA		83616	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Frances Lawton	2507 E. Timberland Dr.	Eagle	IDA		83616	Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: ARIZONA W 641		<p>6.</p> <p>Signature: <u>Will Lawton</u></p> <p>Name (type or print): <u>William Lawton</u></p> <p>Date: <u>10/3/13</u></p> <p>Title: <u>Managing member</u></p>																																						

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM