No. W 103528 Return to:		Due no later than May 31, 2014 Annual Report Form			2. Registered Agent and Address (NO PO BOX) LAURA SQUYRES			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. LALI, LLC LAURA SQUYRES 906 N 19TH STREET BOISE ID 83702 USA		BOISE ID	906 N 19TH STREET BOISE ID 83702 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Comp	oanies: Enter Na	mes and Addresse	es of at least one Member or Manager.					
Office Held	fice Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER MANAGER	LAURA D SO ELIZABETH		906 N 19TH STREET 124 E. CURLING DRIVE	BOISE BOISE	ID ID	USA USA	83702 83702	
5. Organized Under the Laws of:		6. Annual Repor	t must be signed.*					
ID W 103528		Signature: Laura Squyres			Date: 05/25/2014			
		Name (type o	r print): Laura Squyres		Title: Manager			
Processed 05/25/2014		* Electronically p	rovided signatures are accepted as origina	al signatures.				