No. <b>W 141851</b> Return to:		Due no later than Sep 30, 2015  Annual Report Form			Registered Agent and Address (NO PO BOX)  MICHAEL TIMOTHY			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  LT PARTNERS, LLC  MICHAEL TIMOTHY  605 CREEKSIDE LN  SANDPOINT ID 83860		SANDPOINT	605 CREEKSIDE LN SANDPOINT ID 83860-8386  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	anies: Enter N	ames and Address	ses of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	MICHAEL 7	IMOHTY	605 CREEKSIDE LANE	SANDPOINT	ID	USA	83864	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: michael timothy			Date: 10/01/2015			
W 141851		Name (type	or print): michael timothy		Title: manager			
Processed 10/01/2015	ocessed 10/01/2015 * Electronically provided signatures are accepted as original signatures.							