

No. W 104535	Reinstatement Annual Report Form ADMIN DISSOLVED 09/20/2012		2. Registered Agent and Office (NOT A P.O. BOX) BRUCE NYBORG 615 E 3RD N SUGAR CITY ID 83448																																				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. LAM, LLC 615 E 3RD N SUGAR CITY ID 83448		3. <u>New</u> Registered Agent Signature.																																				
REINSTATEMENT FEE DUE: \$30.00																																							
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																							
<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 type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Bruce D. Nyberg</td> <td>615 E. 3rd N.</td> <td>Sugar City</td> <td>ID</td> <td>USA</td> <td>83448</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> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Bruce D. Nyberg	615 E. 3rd N.	Sugar City	ID	USA	83448	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 104535		6. Signature: <u><i>Bruce D. Nyberg</i></u> Date: <u>2-11-13</u> Name (type or print): <u>Bruce D. Nyberg</u> Title: <u>President</u>																																					

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM