

No. W 641	Due no later than Nov 30, 2016 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) WILLIAM L LAWTON 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. WILLIAM L LAWTON 2507 E TIMBERLAND DR EAGLE ID 83616		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 25%;">Name</th> <th style="width: 30%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>WILLIAM L LAWTON</td> <td>2507 E Timberland Dr.</td> <td>Eagle</td> <td>ID</td> <td></td> <td>83616</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>DAVID A. LAWTON</td> <td>7847 E. Springfield Dr.</td> <td>Nampa</td> <td>ID</td> <td></td> <td>83667</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>FRANCES A. LAWTON</td> <td>2507 E. Timberland Dr.</td> <td>Eagle</td> <td>ID</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"/>	WILLIAM L LAWTON	2507 E Timberland Dr.	Eagle	ID		83616	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	DAVID A. LAWTON	7847 E. Springfield Dr.	Nampa	ID		83667	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	FRANCES A. LAWTON	2507 E. Timberland Dr.	Eagle	ID		83616	Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	WILLIAM L LAWTON	2507 E Timberland Dr.	Eagle	ID		83616																																
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	DAVID A. LAWTON	7847 E. Springfield Dr.	Nampa	ID		83667																																
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	FRANCES A. LAWTON	2507 E. Timberland Dr.	Eagle	ID		83616																																
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> ARIZONA W 641 </div>	6. Signature: <u>Wm Lawton</u> Date: <u>10-7-16</u> <hr/> Name (type or print): <u>William Lawton</u> Title: <u>Managing Member</u>																																					
Issued 09/27/2016 by TLB		107191																																				