No. **W 2607**	**Due no later than Jun 30, 2015** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** LAVORGNA AND ASSOCIATES LIMITED LIABILITY COMPANY LARY S LARSON 428 PARK AVENUE IDAHO FALLS ID 83402	VINCE LAVORGNA 674 KATIE COURT AMMON ID 83406-4523 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	VINCE LAVORGNA	674 KATIE COURT	AMMON	ID		83406-4523

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 2607**	Signature: Lary S. Larson	Date: 04/27/2015
	Name (type or print): Lary S. Larson	Title: Agent

Processed 04/27/2015

* Electronically provided signatures are accepted as original signatures.