

No. W 2607	Due no later than Jun 30, 2013 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. <u>New</u> 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	USA	83406-4523
5. Organized Under the Laws of: ID W 2607		6. Annual Report must be signed.* Signature: Lary S. Larson Name (type or print): Lary S. Larson Date: 06/17/2013 Title: Agent				
Processed 06/17/2013		* Electronically provided signatures are accepted as original signatures.				