No. W 2607		Due no later than Jun 30, 2010		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		VINCE LAVORGNA				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.			428 PARK AVE. IDAHO FALLS ID 83402			
		LAVORGNA AND ASSOCIATES LIMITED LIABILITY COMPANY LARY S LARSON PO BOX 51219						
		IDAHO FALLS ID 83405		3. <u>New</u> Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter Nai	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER VINCE LAVORGNA		PRGNA	P. O. BOX 970		ATASCADERO	CA	USA	93423
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 2607		Signature: Lary S. Larson		Date: 06/17/2010				
		Name (type or print): Lary S. Larson			Title: Agent			
* Electronically provided signatures are accepted as original signatures.								