No. **C 117559**	**Due no later than Dec 31, 2010** **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.** LARSON & COMPANY, INC. TAMMY LARSON 834 FALLS AVE STE 1020C TWIN FALLS ID 83301 USA	TAMMY LARSON 834 FALLS AVE STE 1020C TWIN FALLS ID 83301 3. New Registered Agent Signature:*

4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	TAMMY LARSON	834 FALLS AVE., SUITE 1020C	TWIN FALLS	ID	USA	83301
DIRECTOR	DOUGLAS LARSON	3566 N 2700 E	TWIN FALLS	ID	USA	83301

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 117559**	Signature: Tammy Larson	Date: 11/18/2010
	Name (type or print): Tammy Larson	Title: President

Processed 11/18/2010

* Electronically provided signatures are accepted as original signatures.