

No. W 61644	Due no later than Apr 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.		JUSTIN LARSEN 4030 GLENBROOK DR HAILEY 83333			
	LARSEN & SONS LLC JUSTIN LARSEN 4030 GLENBROOK DR HAILEY ID 83333		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
MEMBER	JUSTIN LARSEN	1320 BLUE LAKE DR	HAILEY	ID		83333
MEMBER	DWAINE LARSEN	1250 EAST 250 NORTH	FAIRFIELD	ID		83327
5. Organized Under the Laws of: ID W 61644		6. Annual Report must be signed.* Signature: Justin Larsen Name (type or print): Justin Larsen Date: 03/04/2015 Title: VP				
Processed 03/04/2015		* Electronically provided signatures are accepted as original signatures.				