No. **W 98245**	**Due no later than Nov 30, 2011**	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**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** MOUNTAIN SAVORY, LLC KELLI LARSEN 425 N 400 E BLACKFOOT ID 83321 USA	JULIE LARSEN 55 N 950 W BLACKFOOT ID 83321 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
MEMBER	JULIE LARSEN	55 N 950 W	BLACKFOOT	ID	USA	83221
MEMBER	KELLI LARSEN	425 N 400 E	BLACKFOOT	ID	USA	83221

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 98245**	Signature: Kelli Larsen	Date: 01/03/2012
	Name (type or print): Kelli Larsen	Title: Co-Owner

Processed 01/03/2012

* Electronically provided signatures are accepted as original signatures.