

| No. <b>C 154136</b>  |                    | <b>Due no later than Apr 30, 2009</b><br><b>Annual Report Form</b>   |            | 2. Registered Agent and Address ( <b>NO PO BOX</b> )        |         |  |  |
|--|--------------------|--|------------|---|---------|--|--|
| Return to:<br><br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                    | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>GUSTAVE A. LARSON COMPANY<br>ROB RONNING<br>W223 N2869 ROUNDY CIR WEST<br>PO BOX 910<br>PEWAUKEE WI 53072 |            | SCOTT LARSON<br>1395 NORTHGATE MILE<br>IDAHO FALLS ID 83401 |         |  |  |
|  |                    |  |            |   |         | 3. <u>New</u> 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  | SCOTT G LARSON     | W233 N2869 ROUNDY CIRCLE WEST  | PEWAUKEE   | WI  | USA     | 53072                                      |  |
| SECRETARY  | MADELEINE M LARSON | PO BOX 8207  | ASPEN      | CO  | USA     | 81612-8207                                 |  |
| DIRECTOR   | KARL G LARSON      | PO BOX 8207  | ASPEN      | CO  | USA     | 81612-8207                                 |  |
| DIRECTOR   | PETER FRANZ        | 4803 CULBREATH ISLE WAY  | TAMPA      | FL  | USA     | 33649-8207                                 |  |
| DIRECTOR   | JIM GANNON         | 20575 DORSET LANE  | BROOKFIELD | WI  | USA     | 53045-8207                                 |  |
| DIRECTOR   | DAVE HENDERSON     | 8025 SKYLINE BLVD  | OAKLAND    | CA  | USA     | 94611-8207                                 |  |
| DIRECTOR   | DENNIS KLEIN       | 16985 W BLUEMOUND RD STE 207   | BROOKFIELD | WI  | USA     | 53005-8207                                 |  |
| 5. Organized Under the Laws of:<br><br><b>WI</b><br><b>C 154136</b>  |                    | 6. Annual Report must be signed.*<br><br>Signature: Scott Larson<br>Name (type or print): Scott Larson   |            |   |         |  |  |
|  |                    | Date: 02/25/2009<br>Title: President   |            |   |         |  |  |
| Processed 02/25/2009      * Electronically provided signatures are accepted as original signatures.  |                    |  |            |   |         |  |  |