


No. W 35209	Due no later than Dec 31, 2012 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) LAVAR GROVER 341 SPRINGWOOD AVE IDAHO FALLS ID 83404							
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. LAVAR GROVER FAMILY LLC (THE) 341 SPRINGWOOD LANE IDAHO FALLS ID 83404		3. <u>New</u> Registered Agent Signature.							
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.										
<table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code				
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	LAVAR GROVER 341 Springwood Idaho Falls Id. 83404 <div style="text-align: center;">LANE</div>									
Manager <input type="checkbox"/> Member <input type="checkbox"/>										
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	BARBARA Dally 117 Mockingbird TALEQUAH OK 74464 <div style="text-align: center;">LANE</div>									
Manager <input type="checkbox"/> Member <input type="checkbox"/>										
5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 35209 </div>		6. Signature: <u></u> Date: <u>NOV. 30 - 12</u> Name (type or print): <u>LAVAR GROVER</u> Title: <u>PRES.</u>								

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