



No. W 84176	Reinstatement Annual Report Form ADMIN DISSOLVED 08/05/2010		2. Registered Agent and Office (NOT A P.O. BOX) GAIL LARSEN 13134 N 130 E IDAHO FALLS ID 83443 Steven Gail Larsen 243 Swan Valley Hwy Ririe Idaho 83443																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. LARSEN LAND DEVELOPMENT LLC 13134 N 130 E IDAHO FALLS ID 83443 PO Box 59 Ririe Idaho 83443		3. New Registered Agent Signature. 																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 30%;">Name</th> <th style="width: 30%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Delbert Gail Larsen</td> <td>P.O. Box 59</td> <td>Ririe</td> <td>ID</td> <td>Bonneville</td> <td>83443</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Steven Gail Larsen</td> <td>P.O. Box 59</td> <td>Ririe</td> <td>ID</td> <td>Bonneville</td> <td>83443</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Delbert Gail Larsen	P.O. Box 59	Ririe	ID	Bonneville	83443	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Steven Gail Larsen	P.O. Box 59	Ririe	ID	Bonneville	83443	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 84176 </div>		6. Signature:  Date: <u>31-July 17</u> Name (type or print): <u>Delbert Gail Larsen</u> Title: <u>Member</u>																																				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM