


No. W 2607	Annual Report Form 1999 <i>Due No Later Than November 30,</i>		2. Registered Agent and Office NOT A P.O. BOX VINCE LAVORGNA 2001 S WOODRUFF #6 IDAHO FALLS ID 83404												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct		3. Organized Under the Laws of: ID W 2607												
	LAVORGNA AND ASSOCIATES LIM VINCE LAVORGNA 2001 S WOODRUFF #6 IDAHO FALLS ID 83404														
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input checked="" type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)															
<table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Office held</th> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Street or P.O. Address</th> <th style="text-align: left; border-bottom: 1px solid black;">City</th> <th style="text-align: left; border-bottom: 1px solid black;">State</th> <th style="text-align: left; border-bottom: 1px solid black;">Zip</th> </tr> </thead> <tbody> <tr> <td colspan="6" style="padding-top: 10px;"> Managing member VINCE LAVORGNA 2001 S. Woodruff #6 Idaho Falls <div style="text-align: right; margin-right: 50px;">ID. 83404</div> </td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	Managing member VINCE LAVORGNA 2001 S. Woodruff #6 Idaho Falls <div style="text-align: right; margin-right: 50px;">ID. 83404</div>					
Office held	Name	Street or P.O. Address	City	State	Zip										
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5. Signature of New Registered Agent		6. Signature <u></u> Date _____ Name <small>(Typed or Printed)</small> <u>Vince Lavgorgna</u> Title <u>Managing Member</u>													

ISSUED: 07-03-1999

2008