


3/15/2017

W 117685

No. W 117685	Reinstatement Annual Report Form ADMIN DISSOLVED 12/20/2016		2. Registered Agent and Office (NOT A P.O. BOX) KELTON LARSEN 1721 W 4200 N REXBURG ID 83440																																			
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 HOLDINGS LLC KELTON LARSEN 1721 W 4200 N REXBURG ID 83440																																					
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Kelton Larsen</td> <td>1721 W 4200 N</td> <td>Rexburg</td> <td>Id</td> <td></td> <td>83440</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Mandy Larsen</td> <td>1721 W 4200 N</td> <td>Rexburg</td> <td>Id</td> <td></td> <td>83440</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 checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	Kelton Larsen	1721 W 4200 N	Rexburg	Id		83440	Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	Mandy Larsen	1721 W 4200 N	Rexburg	Id		83440	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							3. New Registered Agent Signature.
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																
Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	Kelton Larsen	1721 W 4200 N	Rexburg	Id		83440																																
Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	Mandy Larsen	1721 W 4200 N	Rexburg	Id		83440																																
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
5. Organized Under the Laws of: IDAHO W 117685		6. Signature:  Name (type of print): <u>Kelton Larsen</u> Date: <u>3/15/17</u> Title: <u>Owner</u>																																				

Issued 03/15/2017 by online