

No. W 97432		Due no later than Oct 31, 2016 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. MARIA'S, LLC MARIA F. LARSON 990 W. SPRING CREEK RD HOPE ID 83836-8717 USA		MARIA FINLAY LARSON 990 W. SPRING CREEK RD HOPE ID 83836			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name LARRY V. LARSON	Street or PO Address 4777 SUNNYSIDE ROAD		City SANDPOINT	State ID	Country USA	Postal Code 83864
5. Organized Under the Laws of: ID W 97432		6. Annual Report must be signed.* Signature: Maria F Larson Name (type or print): Maria F Larson Date: 09/19/2016 Title: Agent					
Processed 09/19/2016 * Electronically provided signatures are accepted as original signatures.							