

No. <b>W 16189</b>	<b>Due no later than Aug 31, 2015</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> LARILYN, LLC LARRY MARVIN 27914 HWY 57 PRIEST RIVER ID 83856 USA		JOHN F MAGNUSON 1250 NORTHWOOD CENTER CT STE A COEUR D'ALENE ID 83816			
			3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	LARRY MARVIN	27914 HIWAY 57	PRIEST RIVER	ID		83856
5. Organized Under the Laws of:  <b>ID</b> <b>W 16189</b>		6. Annual Report must be signed.* Signature: Larry Marvin Name (type or print): Larry Marvin		Date: 08/18/2015 Title: Manager		
Processed 08/18/2015		* Electronically provided signatures are accepted as original signatures.				