No. C 154136 Return to:		Due no later than Apr 30, 2012 Annual Report Form		2. Registered Agent and Address (NO PO BOX) SCOTT LARSON			
NO FILING FEE IF RECEIVED BY DUE DATE		PEWAUKEE WI 53072					
4. Corporations: Enter Na	mes and Busin	ess Addresses of Pre	sident, Secretary, and Directors. Treasurer	(optional).			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
DIRECTOR	JAMES D OROURKE		2300 SOUTH CALHOUN ROAD	NEW BERLIN	WI	USA	53151
DIRECTOR	ANDREW G LARSON		W233N2869 ROUNDY CIRCLE WEST	PEWAUKEE	WI	USA	53072
PRESIDENT	SIDENT SCOTT G LARSON		W233 N2869 ROUNDY CIRCLE WEST	PEWAUKEE	WI	USA	53072
SECRETARY	ECRETARY MADELEINE M LARSON		PO BOX 8207	ASPEN	CO	USA	81612-8207
DIRECTOR	RECTOR PETER FRANZ		4803 CULBREATH ISLE WAY	TAMPA	FL	USA	33649-8207
DIRECTOR	JIM GANNON		20575 DORSET LANE	BROOKFIELD	WI	USA	53045-8207
DIRECTOR DAVE HENDERSON		8025 SKYLINE BLVD	OAKLAND	CA	USA	94611-8207	
DIRECTOR	DENNIS KLE	IN	16985 W BLUEMOUND RD STE 207	BROOKFIELD	WI	USA	53005-8207
5. Organized Under the Laws of: 6. A		6. Annual Report must be signed.*					
WI C 154136		Signature: Scott Larson		Date: 04/30/2012			
		Name (type or print): Scott Larson		Title: President			
Processed 04/30/2012		* Electronically prov	ided signatures are accepted as original sign	natures.			