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|--|------------------------|--|--|--|-------------|---------|---------------------------|
| No. W 2607 | | Due no later than Jun 30, 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. LAVORGNA AND ASSOCIATES LIMITED LIABILITY COMPANY LARY S LARSON 428 PARK AVENUE IDAHO FALLS ID 83402 | | VINCE LAVORGNA 674 KATIE COURT AMMON ID 83406-4523 | | | |
| 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 MANAGER | Name VINCE LAVORGNA | Street or PO Address 674 KATIE COURT | | City AMMON | State ID | Country | Postal Code 83406-4523 |
| 5. Organized Under the Laws of: ID W 2607 | | 6. Annual Report must be signed.* Signature: Lary S. Larson Name (type or print): Lary S. Larson Date: 05/16/2016 Title: Agent | | | | | |
| Processed 05/16/2016 * Electronically provided signatures are accepted as original signatures. | | | | | | | |