

No. <b>W 2607</b>		<b>Due no later than Jun 30, 2016</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>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> 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	
				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	VINCE LAVORGNA	674 KATIE COURT	AMMON	ID	83406-4523
5. Organized Under the Laws of:  <b>ID W 2607</b>		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.			