No. C 164193	Di	Due no later than Dec 31, 2015 Annual Report Form 1. Mailing Address: Correct in this box if needed.		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE	1 Mailing (CHRISTINE K MEYERS 1000 EAST 5000 NORTH TETONIA ID 83452 3. New Registered Agent Signature:*			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	LARKSPUR CO CHRISTINE K PO BOX 112	LARKSPUR CONSTRUCTION INC. CHRISTINE K MEYERS					
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT CHRIS	TINE K MEYERS	PO BOX 112	DRIGGS	ID	USA	83422	
SECRETARY CHRIS	TINE K MEYERS	PO BOX 112	DRIGGS	ID	USA	83422	
DIRECTOR CHRIS	TINE K MEYERS	PO BOX 112	DRIGGS	ID	USA	83422	
5. Organized Under the Laws of:	6. Annual Repor	t must be signed.*					
ID	Signature: Cl	Signature: Christine K. Meyers		Date: 10/21/2015			
C 164193	Name (type o	Name (type or print): Christine K. Meyers			Title: President		
Processed 10/21/2015	* Electronically provided signatures are accepted as original signatures.						