No.	C 129342	Due no later than 6/30/2009	2. Registered Agent and Address (NO PO BOX)		
Return to: SECRETARY OF STATE		Annual Report Form	NEAL P LARSON 57 S 1ST EAST PRESTON ID 83263		
		1. Mailing Address: Correct in this box if needed			
\ P	450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080	LARSON APPRAISAL SERVICE, INC. NEAL P LARSON 57 S 1ST EAST	PRESTUR ID 63263		
NO FILING FEE IF RECEIVED BY DUE DATE		PRESTON ID 83263	3. <u>New</u> Registered Agent Signature:		
	rporations: Enter Names and ce Held Name	Business Addresses of President, Secretary and Directors. Street or PO Address	City	State	Zip
	and the second of the second o	Heal Planson 57 S1+E	Preston	**********	
J ' '	tallowing & Jee	year 1 - av sore	p - ==		
}					
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			•		
5. O	rganized Under the Laws of:	6. Annual Report must be signed.			
	ID C 129342	Signature: AR June	Dat	te: <u>7-/3</u>	5-09
		Name(type or print): Neal P. Louson	<u> </u>	e: Ares	dont
1221	ued 7/14/2009 by CLH			2009	06002077