No. W 97432		Due no later than Oct 31, 2014		2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		G CREEK RD	990 W. SPP HOPE ID	MARIA FINLAY LARSON 990 W. SPRING CREEK RD HOPE ID 83836 3. New Registered Agent Signature:*				
4. Limited Liability Companies: Enter	Names and Addresses	s of at least one Member or Manager.						
Office Held Name		Street or PO Address	City	State	Country	Postal Code		
MEMBER LARRY V. LARSON		990 W. SPRING CREEK RD.	HOPE	ID	USA	83836		
5. Organized Under the Laws of: 6. Annual Report must be signed.*								
ID	Signature: Ma	Signature: Maria F Larson		Date: 08/31/2014				
W 97432	Name (type or	Name (type or print): Maria F Larson			Title: Owner			
Processed 08/31/2014	* Electronically pr	* Electronically provided signatures are accepted as original signatures.						