No. <b>W 88500</b> Return to:		Due no later than Nov 30, 2017 Annual Report Form  1. Mailing Address: Correct in this box if needed.  LARSON FAMILY, LLC STEVEN P LARSON 45 W 100 N BLACKFOOT ID 83221 USA		2. Registered Agent and Address (NO PO BOX)  STEVEN P LARSON  45 W 100 N  BLACKFOOT ID 83221  3. New Registered Agent Signature:*				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080								
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter Na	mes and Addresses	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER	e darlene	LARSON	45WEST 100NORTH		BLACKFOOT	ID	USA	83221
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 88500		Signature: steven p larson			Date: 10/02/2017			
		Name (type or print): steven p larson			Title: manager			
Processed 10/02/2017 * Electronically provided signatures are accepted as original signatures.								