

No. <b>W 16189</b>		<b>Due no later than Aug 31, 2016</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b>  LARILYN, LLC LARRY MARVIN 27914 HWY 57 PRIEST RIVER ID 83856		JOHN F MAGNUSON 1250 NORTHWOOD CENTER CT STE A COEUR D'ALENE ID 83816			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name LARRY MARVIN	Street or PO Address 27914 HIWAY 57		City PRIEST RIVER	State ID	Country	Postal Code 83856
5. Organized Under the Laws of:  <b>ID</b> <b>W 16189</b>		6. Annual Report must be signed.*  Signature: Larry Marvin Name (type or print): Larry Marvin  Date: 06/26/2016 Title: President					
Processed 06/26/2016      * Electronically provided signatures are accepted as original signatures.							