| No. W 174878 Return to: | | Due no later than Nov 30, 2017 Annual Report Form | | | Registered Agent and Address (NO PO BOX) CRAIG LARSEN | | | |
|--|---|--|----------------------------|---|--|----------------|--|--|
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | 1. Mailing A LARSRGLIL, LL CRAIG LARSE 3739 S 45 E | 1. Mailing Address: Correct in this box if needed. LARSRGLIL, LLC CRAIG LARSEN | | 3739 S 45 E IDAHO FALLS ID 83406 3. New Registered Agent Signature:* | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Companies: En | er Names and Addresse | s of at least one Member or Manager. | | | | | | |
| Office Held Name | | Street or PO Address | City | State | Country | Postal Code | | |
| | LARSEN CRAIG LARSEN | 1139 MONAGHAN COURT 3739 S. 45 E | IDAHO FALLS IDAHO FALLS | ID ID | USA USA | 83404 83404 | | |
| 5. Organized Under the Laws of: 6. Annual F | | must be signed.* | | | | | | |
| ID | Signature: Cra | Signature: Craig Larsen | | Date: 09/24/2017 | | | | |
| W 174878 | Name (type or | Name (type or print): Craig Larsen | | Title: officer | | | | |
| Processed 09/24/2017 | * Electronically p | * Electronically provided signatures are accepted as original signatures. | | | | | | |