No. **W 87736**	**Due no later than Oct 31, 2011** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** HANSEN FAMILY CABIN LIMITED COMPANY LARY S LARSON PO BOX 51219 IDAHO FALLS ID 83405	LARY S LARSON 428 PARK AVE IDAHO FALLS ID 83402 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	CONNIE A. CLARK	233 HIGHLAND	RIO DEL MAR	CA	USA	95003-4614

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 87736**	Signature: Lary S. Larson	Date: 08/22/2011
	Name (type or print): Lary S. Larson	Title: Agent

Processed 08/22/2011

* Electronically provided signatures are accepted as original signatures.