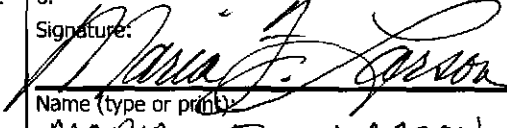


No. <b>W 97432</b>	Due no later than Oct 31, 2017 Annual Report Form		2. Registered Agent and Office ( <b>NOT A P.O. BOX</b> ) MARIA FINLAY LARSON 990 W. SPRING CREEK RD HOPE ID 83836																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address: Correct in this box if needed. MARIA'S, LLC MARIA F. LARSON 990 W. SPRING CREEK RD HOPE ID 83836-8717 USA																																					
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>LARRY V. LARSON</td> <td>990 W. SPRING CREEK RD.</td> <td>HOPE,</td> <td>ID</td> <td>USA</td> <td>83836-8717</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	LARRY V. LARSON	990 W. SPRING CREEK RD.	HOPE,	ID	USA	83836-8717	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  <b>IDAHO</b> <b>W 97432</b>	6. Signature:  Name (type or print): <u>MARIA F. LARSON</u>		Date: <u>9-27-17</u> Title: <u>AGENT</u>																																			
Issued 09/20/2017 by SAT	100398																																					

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**