FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APP	PPROVAL					
OMB Number:	3235-0104					
Estimated average burden						
hours per response:	0.5					

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* Edwards Ken Cleon 2. Date of Event Requiring Statement (Month/Day/Year) 03/06/2007			nent	3. Issuer Name and Ticker or Trading Symbol Alynx, Co. [none]								
(Last) 1378 RAMOL	(First) A STREET	(Middle)				ationship of Re c all applicable Director Officer (give below)) X	10% Owne Other (spe below)	er	6. Inc	hth/Day/Year) dividual or Joint cable Line)	ate of Original Filed
(Street) KAYSVILLE (City)	UT (State)	(Zip)					President			X		y One Reporting Person y More than One erson
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)						ount of Securities 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		ct (D)	4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock						20,000,00	0	D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Security (Instr. 4) 2. Date Exercisa Expiration Date (Month/Day/Year			ate	and 3. Title and A Underlying D				4. Conve	rcise	e Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Date Exercisable	Expiratio Date	n Title	e		Amount or Number of Shares	Price of Derivation	tive	Direct (D) or Indirect (I) (Instr. 5)	

Explanation of Responses:

/s/ Ken C. Edwards

04/03/2007

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.

 $^{^{\}star}$ If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

^{**} Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).