

No. <b>W 40356</b>		<b>Due no later than Jun 30, 2007</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		CHRISTINA SCHIED 831 BURLEY AVE BUHL ID 83316			
		<b>1. Mailing Address: Correct in this box if needed.</b>		3. <u>New</u> Registered Agent Signature:*			
		ALLABILITIES, LLC CHRISTINA M SCHIED 728 12TH AVE N BUHL ID 83316					
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	CHRISTINA SCHIED	728 12TH AVE N	BUHL	ID		83316	
MEMBER	A TRAVIS SCHIED	728 12TH AVE N	BUHL	ID		83316	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>IDAHO W 40356</b>		Signature: Christina Schied				Date: 05/08/2007	
		Name (type or print): Christina Schied				Title: Member	
Processed 05/08/2007		* Electronically provided signatures are accepted as original signatures.					