


No. W 127117	Due no later than Jul 31, 2017 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) SALVADOR MONTES 851 SHENANDOW HAILEY ID 83333																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. A.S.A. MOVING LLC PO BOX 4153 4255 HAILEY ID 83333		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 15%;">Name</th> <th style="width: 30%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td>Alejandro Garcia</td> <td>PO BOX 4255</td> <td>Hailey</td> <td>ID</td> <td></td> <td>83333</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td>SALVADOR MONTES</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td>Antonio Sanchez</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 type="checkbox"/>	Alejandro Garcia	PO BOX 4255	Hailey	ID		83333	Manager <input type="checkbox"/> Member <input type="checkbox"/>	SALVADOR MONTES	"	"	"	"	"	Manager <input type="checkbox"/> Member <input type="checkbox"/>	Antonio Sanchez	"	"	"	"	"	Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 127117 </div>	6. Signature: <u></u> Date: <u>08/09/2017</u> Name (type or print): _____ Title: _____																																					
Issued 08/10/2017 by TLB		125790																																				

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM