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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------------------------------------------------------------|---------------------|
| No. <b>W 116182</b>                                                                                                                                    |                      | Due no later than Aug 31, 2016                                                                                                                                                    |            | 2. Registered Agent and Address <b>(NO PO BOX)</b>                          |                     |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                      | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>ALL YOUR ENVIRONMENT LLC<br>CLARICE MAY<br>212 W 21ST ST<br>POST FALLS ID 83854 |            | UNITED STATES CORPORATION AGEN<br>950 BANNOCK ST STE 1100<br>BOISE ID 83702 |                     |
|                                                                                                                                                        |                      |                                                                                                                                                                                   |            | 3. <u>New</u> 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 |
| MANAGER                                                                                                                                                | CLARICE VIRGINIA MAY | 212 W 21ST ST -                                                                                                                                                                   | POST FALLS | ID                                                                          | USA 83854           |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 116182</b>                                                                                          |                      | 6. Annual Report must be signed.*<br>Signature: Clarice May<br>Name (type or print): Clarice May<br>Date: 08/01/2016<br>Title: Owner                                              |            |                                                                             |                     |
| Processed 08/01/2016                                                                                                                                   |                      | * Electronically provided signatures are accepted as original signatures.                                                                                                         |            |                                                                             |                     |