

6/8/2015

W 117749

FILED EFFECTIVE

No. W 117749		Reinstatement Annual Report Form ADMIN DISSOLVED 12/16/2014		2. Registered Agent and Office (NOT A P.O. BOX) JOE OLSON 3750 W VICTORY MERIDIAN ID 83642 Claudia J. Thompson 6848 N Government Way Dalton Gardens, ID 83815	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. ALL BUSINESS CONSULTANT SERVICES LLC JOE OLSON 3750 W VICTORY MERIDIAN ID 83642		3. New Registered Agent Signature. <i>Claudia Jare Thompson</i>	
REINSTATEMENT FEE DUE: \$30.00		ALL BUSINESS CONSULTANT SERVICES LLC 6848 N Government Way, Dalton Gardens, ID 83815			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.					
Manager or Member		Name	Street or PO Address	City	State Country Postal Code
Manager <input checked="" type="checkbox"/> Member		Claudia J. Thompson	6848 N Government Way,	Dalton Gardens,	ID 83815
Manager		Member			
Manager		Member			
Manager		Member			
5. Organized Under the Laws of:		6.			
IDAHO W 117749		Signature: <i>Claudia Jare Thompson</i> Name (type or print): Claudia J. Thompson		Date: 08/06/2015 Title: President	
Issued 08/06/2015 by online					

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address must be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho, not a Post Office Box or Personal Mail Box.

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Check either **Member** or **Manager**. Enter names and business addresses of managers or members of the limited liability company. **Note:** **DO NOT** put "same as last year" or "same as above". These will not be accepted. Changes here will not affect the address in Block 1. If more space is needed please add an attachment.

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.

**** The image of this form will be available on the internet once it has been filed. DO NOT enter Social Security numbers.**

If the limited liability company is no longer doing business in Idaho, you may file the appropriate form. Forms are available on the website at www.sos.idaho.gov. However, if no timely annual report is filed, administrative action will be taken, at no cost to the limited liability company to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.

If the document is incorrect, is there a telephone number to reach you for corrections? _____