

No. W 108477		Due no later than Nov 30, 2014		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. ALBO 2, LLC LORI HALLE WARD PO BOX 6029 TWIN FALLS ID 83303		LORI HALLE WARD 1070 LAURELWOOD CT TWIN FALLS ID 83301			
				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	LORI H) WARD	1070 LAURELWOOD CT	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: ID W 108477		6. Annual Report must be signed.* Signature: Lori Halle Ward Name (type or print): Lori Halle Ward Date: 09/30/2014 Title: Manager					
Processed 09/30/2014		* Electronically provided signatures are accepted as original signatures.					