No. **W 40356**	**Due no later than Jun 30, 2006** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** ALLABILITIES, LLC CHRISTINA M SCHIED PO BOX 344 BUHL ID 83316	CHRISTINA SCHIED 831 BURLEY AVE BUHL ID 83316 3. New 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
MEMBER	CHRISTINA SCHIED	PO BOX 344	BUHL	ID		83316
MEMBER	A TRAVIS SCHIED	PO BOX 344	BUHL	ID		83316

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
IDAHO **W 40356**	Signature: Christina Schied	Date: 08/30/2006
	Name (type or print): Christina Schied	Title: Member

Processed 08/30/2006

* Electronically provided signatures are accepted as original signatures.