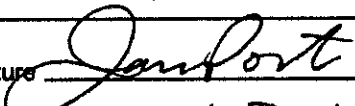
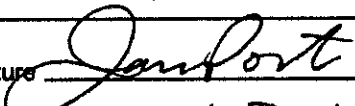
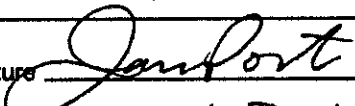


| | | | |
|--|--|--|---|
| No. W 52414 | Due no later than July 31, 2007 Annual Report Form | | 2. Registered Agent and Office NO PO BOX |
| Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 | 1. Mailing Address - Correct in this box, if applicable ALLSERVICES, LLC 2929 NEWMAN DR IDAHO FALLS, ID 83402 | | JAMI D PORTER 2929 NEWMAN DR IDAHO FALLS, ID 83402 |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | 3. <u>New</u> Registered Agent Signature |

4. Limited Liability Companies: Enter Names and Addresses of Members.

| <u>Office held</u> | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> |
|--------------------|-------------|-------------------------------|-------------|--------------|------------|
| President | Jami Porter | 2929 Newman Dr. | Idaho Falls | ID | 83402 |

| | | | | | |
|--|--|--|----------------------------|--|-------------------------------|
| 5. Organized Under the Laws of: IDAHO W 52414 | <table style="width: 100%;"> <tr> <td style="width: 60%;"> 6. Signature  </td> <td style="width: 40%;"> Date <u>5-17-07</u> </td> </tr> <tr> <td> Name <small>(Typed or Printed)</small> <u>Jami Porter</u> </td> <td> Title <u>President</u> </td> </tr> </table> | 6. Signature  | Date <u>5-17-07</u> | Name <small>(Typed or Printed)</small> <u>Jami Porter</u> | Title <u>President</u> |
| 6. Signature  | Date <u>5-17-07</u> | | | | |
| Name <small>(Typed or Printed)</small> <u>Jami Porter</u> | Title <u>President</u> | | | | |