

No. <b>W 142773</b>	<b>Due no later than Sep 30, 2015</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> JOHN MOORE 908 7TH AVE LEWISTON ID 83501
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE          DATE</b>	1. <b>Mailing Address: Correct in this box if needed.</b> ALL AMERICAN SERVICE LLC PO BOX 17 KOOSKIA ID 83539		3. <u>New</u> Registered Agent Signature.

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 <input type="checkbox"/>	JOHN MOORE	PO BOX 17	KOOSKIA	ID	USA	83539
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	MICHELLE MOORE	PO BOX 17	KOOSKIA	ID	USA	83539
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of:  <div style="text-align: center;"> <b>IDAHO</b>  <b>W 142773</b> </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">           Signature: <u>John Moore</u> </td> <td style="width: 40%;">           Date: <u>9/5/2015</u> </td> </tr> <tr> <td>           Name (type or print): <u>JOHN MOORE</u> </td> <td>           Title: <u>MGR</u> </td> </tr> </table>	Signature: <u>John Moore</u>	Date: <u>9/5/2015</u>	Name (type or print): <u>JOHN MOORE</u>	Title: <u>MGR</u>
Signature: <u>John Moore</u>	Date: <u>9/5/2015</u>				
Name (type or print): <u>JOHN MOORE</u>	Title: <u>MGR</u>				

Issued 07/23/2015 by DK1
112712