No. **W 4887**	**Due no later than Oct 31, 2015** **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.** ALLPORTS LLC INTERNATIONAL SUSAN JACOBUS PO BOX 9 OLA ID 83657	SUSAN A JACOBUS 23700 TIMBER FLAT RD OLA ID 83657 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	SUSAN JACOBUS	P.O. BOX 9	OLA	ID	USA	83657

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 4887**	Signature: Susan Jacobus	Date: 08/15/2015
	Name (type or print): Susan Jacobus	Title: Member Manager

Processed 08/15/2015

* Electronically provided signatures are accepted as original signatures.