

|                                                                                                                                                        |                   |                                                                                                                                                                           |         |                                                    |                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----------------------------------------------------|---------------------|
| No. <b>W 49320</b>                                                                                                                                     |                   | <b>Due no later than Apr 30, 2018</b>                                                                                                                                     |         | 2. Registered Agent and Address <b>(NO PO BOX)</b> |                     |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                   | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>A-Z SERVICES, LLC<br>TROY R ZIEGLER<br>26290 HWY 93<br>CHALLIS ID 83226 |         | TROY ZIEGLER<br>26290 HWY 93 N<br>CHALLIS ID 83226 |                     |
|                                                                                                                                                        |                   |                                                                                                                                                                           |         | 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 |
| MEMBER                                                                                                                                                 | TROY R ZIEGLER    | 26290 HWY 93                                                                                                                                                              | CHALLIS | ID                                                 | 83226               |
| MEMBER                                                                                                                                                 | MAURENE R ZIEGLER | 26290 HWY 93                                                                                                                                                              | CHALLIS | ID                                                 | 83226               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 49320</b>                                                                                           |                   | 6. Annual Report must be signed.*<br>Signature: TROY ZIEGLER<br>Name (type or print): TROY ZIEGLER<br>Date: 03/21/2018<br>Title: MEMBER                                   |         |                                                    |                     |
| Processed 03/21/2018                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                                                 |         |                                                    |                     |