

No. <b>W 68800</b>  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>	Due no later than Nov 30, 2010 Annual Report Form  <b>1. Mailing Address: Correct in this box if needed.</b> AA SANITATION SERVICE, LLC  5641 CASCADE RD EMMETT ID 83617	2. Registered Agent and Office ( <b>NOT A P.O. BOX</b> ) MARY F ROBERTS 5641 CASCADE RD EMMETT ID 83617														
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.		3. <u>New</u> Registered Agent Signature.														
<table border="1"> <thead> <tr> <th>Manager/Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td>Mary Roberts</td> <td>5641 Cascade Rd</td> <td>Emmett</td> <td>ID.</td> <td>USA</td> <td>83617</td> </tr> </tbody> </table>	Manager/Member	Name	Street or PO Address	City	State	Country	Postal Code	<input checked="" type="checkbox"/>	Mary Roberts	5641 Cascade Rd	Emmett	ID.	USA	83617		
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<input checked="" type="checkbox"/>	Mary Roberts	5641 Cascade Rd	Emmett	ID.	USA	83617										
5. Organized Under the Laws of:  <b>IDAHO W 68800</b>	6. <table border="1"> <tr> <td>Signature: <u>Mary Roberts</u></td> <td>Date: <u>12/15/10</u></td> </tr> <tr> <td>Name (type or print): <u>Mary Roberts</u></td> <td>Title: <u>owner</u></td> </tr> </table>		Signature: <u>Mary Roberts</u>	Date: <u>12/15/10</u>	Name (type or print): <u>Mary Roberts</u>	Title: <u>owner</u>										
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### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM