

No. W 72419		Due no later than Mar 31, 2015		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. ALBO, LLC LORI H. WARD PO BOX 6029 TWIN FALLS ID 83303 USA		LORI HALLE WARD 1070 LAURELWOOD CT TWIN FALLS 83301	
				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
MANAGER	LORI HALLE WARD	PO BOX 6029	TWIN FALLS	ID	83303
MEMBER	ROBERT HALLE WARD	PO BOX 6029	TWIN FALLS	ID	83303
5. Organized Under the Laws of: ID W 72419		6. Annual Report must be signed.* Signature: Lori H Ward Name (type or print): Lori H Ward Date: 01/19/2015 Title: Manager			
Processed 01/19/2015		* Electronically provided signatures are accepted as original signatures.			