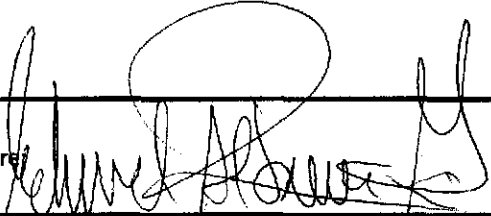


No. W 120279 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than Dec 31, 2016 Annual Report Form	2. Registered Agent and Office (NOT A P.O. BOX) EDWARD ALBARRAN 408 NORTH 2ND ST BELLEVUE ID 83313 3. <u>New</u> Registered Agent Signature.																																			
1. Mailing Address: Correct in this box if needed. ALBARRAN ENTERPRISES, LLC PO BOX 4658 KETCHUM ID 83340																																					
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>EDWARD ALBARRAN</td> <td>408 NORTH 2 ST</td> <td>BELLEVUE</td> <td>ID</td> <td>USA</td> <td>83313</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	EDWARD ALBARRAN	408 NORTH 2 ST	BELLEVUE	ID	USA	83313	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 120279 </div>	6. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Signature:  <hr/> Name (type or print): EDWARD ALBARRAN </div> <div style="width: 35%;"> Date: 02-09-17 <hr/> Title: OWNER </div> </div>																																				

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM