

No. W 48421		Due no later than Mar 31, 2010		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. ACL ENTERPRISES LLC ABRAHAM LLOYD 716 N. SHADOWFOX PL. EAGLE ID 83616 USA		ABRAHAM LLOYD 716 N. SHADOWFOX PL. EAGLE ID 83616			
				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	ABRAHAM LLOYD	716 N. SHADOWFOX PL.	EAGLE	ID	USA	83616	
5. Organized Under the Laws of: ID W 48421		6. Annual Report must be signed.* Signature: Abraham Lloyd Name (type or print): Abraham Lloyd Date: 04/12/2010 Title: Member					
Processed 04/12/2010		* Electronically provided signatures are accepted as original signatures.					