

No. <b>W 40356</b>		<b>Due no later than Jun 30, 2011</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  ALLABILITIES, LLC CHRISTINA M SCHIED 8580 W. DULCIMER ST BOISE ID 83709 USA		CHRISTINA SCHIED 8590 W. DULCIMER ST BOISE ID 83709			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	CHRISTINA SCHIED	8580 W. DULCIMER ST	BOISE	ID	USA	83709	
MEMBER	A TRAVIS SCHIED	8580 W. DULCIMER ST	BOISE	ID	USA	83709	
5. Organized Under the Laws of:  <b>ID</b> <b>W 40356</b>		6. Annual Report must be signed.*  Signature: Christina Schied Name (type or print): Christina Schied					
		Date: 04/15/2011 Title: CEO - Member					
Processed 04/15/2011		* Electronically provided signatures are accepted as original signatures.					