

No. W 44733	Due no later than Nov 30, 2011 Annual Report Form		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	1. Mailing Address: Correct in this box if needed.		CLAUDE SHUBERT 8920 PETRA LN. MIDDLETON ID 83644			
	ABSOLUTE LIMOUSINE SERVICE L.L.C. CLAUDE SHUBERT 8920 PETRA LN. MIDDLETON ID 83644 USA		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	CLAUDE SHUBERT	8920 PETRA LN.	MIDDLETON	ID	USA	83644
MANAGER	JUDITH SHUBERT	8920 PETRA LN.	MIDDLETON	ID	USA	83644
5. Organized Under the Laws of: ID W 44733	6. Annual Report must be signed.* Signature: Claude Shubert Name (type or print): Claude Shubert		Date: 10/31/2011 Title: Manager			
Processed 10/31/2011		* Electronically provided signatures are accepted as original signatures.				