No. W 108477		Due no later than Nov 30, 2013	2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. ALBO 2, LLC LORI HALLE WARD PO BOX 6029 TWIN FALLS ID 83303	1070 LAUREI TWIN FALLS	LORI HALLE WARD 1070 LAURELWOOD CT TWIN FALLS ID 83301 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		mes and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	LORI H WA	RD 1070 LAURELWOOD CT	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: ID W 108477		6. Annual Report must be signed.* Signature: Lori Halle Ward Name (type or print): Lori Halle Ward		Date: 10/09/2013 Title: Manager			
Processed 10/09/2013		* Electronically provided signatures are accepted as original signatures.					