

No. <b>W 44733</b>	<b>Due no later than Nov 30, 2009</b> <b>Annual Report Form</b>		2. Registered Agent and Office (NOT A P.O. BOX) <del>JOSEPH L MORTON III</del> <del>707 E UNITED HERITAGE COURT</del> <del>#100</del> <del>MERIDIAN ID 83642</del>	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address: Correct in this box if needed. ABSOLUTE LIMOUSINE SERVICE L.L.C. <del>TAJ HUMPHRY</del> 4312 OLD VALLEY RD <del>1220 N COLE RD</del> <del>BOISE ID 83704</del> <del>EAGLE, ID</del> 83616		3. New Registered Agent Signature. CLAUDE SHUBERT 4312 OLD VALLEY RD EAGLE, ID 83616	
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.				
Office Held	Name	Street or PO Address	City	State Country Postal Code
MANAGER	CLAUDE SHUBERT	4312 OLD VALLEY RD	EAGLE, ID	83616 USA
MANAGER	JUDITH SHUBERT	"	"	" " " " "
5. Organized Under the Laws of:		6.		
IDAHO W 44733		Signature: <u>Claude Shubert</u>		Date: <u>12/8/09</u>
		Name (type or print): <u>CLAUDE SHUBERT</u>		Title: <u>MANAGER</u>
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**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**