

No. W 80400	Due no later than Jan 31, 2017 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) ALBERT SIRON 9478 S. CHERRY APPLE AVE. KUNA ID 83634
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. A PLUS HANDYMAN, LLC ALBERT SIRON 9478 S. CHERRY APPLE AVE. KUNA ID 83634		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Albert Siron	9478 S. Cherry Apple Ave,	Kuna,	ID,		
Manager <input type="checkbox"/> Member <input type="checkbox"/>						45 83634
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 80400 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: <u>Albert Siron</u> </td> <td style="width: 40%;"> Date: <u>11/25/16</u> </td> </tr> <tr> <td> Name (type or print): <u>Albert Siron</u> </td> <td> Title: <u>owner</u> </td> </tr> </table>	Signature: <u>Albert Siron</u>	Date: <u>11/25/16</u>	Name (type or print): <u>Albert Siron</u>	Title: <u>owner</u>
Signature: <u>Albert Siron</u>	Date: <u>11/25/16</u>				
Name (type or print): <u>Albert Siron</u>	Title: <u>owner</u>				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the