No. <b>W 105220</b>		Due no later than Jul 31, 2015 Annual Report Form  1. Mailing Address: Correct in this box if needed.  AALT, L.L.C. TONIE M ALLEN 19087 W TREEND RD POST FALLS ID 83854 USA		2. Registered Agent and Address (NO PO BOX)  TONIE M ALLEN 19087 W TREEND RD POST FALLS ID 83854  3. New Registered Agent Signature:*			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Co	mpanies: Enter Nar	mes and Address	es of at least one Member or Manager.				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
MEMBER	LES HUBER		PO BOX 418	PINEHURST	ID	USA	83850
MEMBER	MEMBER SHELBY COSTA		1181 E ELDERBERRY CIR	COEUR D ALENE	ID	USA	83815
MEMBER TYSON COSTA		1181 E ELDERBERRY CIR	COEUR D ALENE	ID	USA	83815	
MEMBER SANDI ALLEN		N	PO BOX 125	KELLOGG	ID	USA	83837
MEMBER	EMBER JOE ALLEN		PO BOX 125	KELLOGG	ID	USA	83837
MEMBER ERIC D ALLEN		19087 W TREEND RD	POST FALLS	ID	USA	83854	
MANAGER	TONIE M AI	LLEN	19087 W TREEND RD	POST FALLS	ID	USA	83854
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Tonie Allen		Date: 05/19/2015			
W 105220		Name (type o	or print): Tonie Allen	Title: Manager			
Processed 05/19/201	5	* Electronically p	provided signatures are accepted as original	signatures.			