No. **W 106249**	**Due no later than Aug 31, 2016** **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.** ALLSBERRY-BOLINGER, L.L.C. PATRICIA M BOLINGER 620 HILLCREST AVE AMERICAN FALLS ID 83211	PATRICIA BOLINGER 620 HILLCREST AVE AMERICAN FALLS ID 83211 3. New 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
MEMBER	PATRICIA M BOLINGER	620 HILLCREST AVE	AMERICAN FALLS	ID	USA	83211

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 106249**	Signature: Patricia Bolinger	Date: 06/21/2016
	Name (type or print): Patricia Bolinger	Title: Member

Processed 06/21/2016

* Electronically provided signatures are accepted as original signatures.