

No. <b>W 55589</b>	<b>Due no later than Oct 31, 2015</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> ABBY A ULLMAN 1604 NORTHSORE DR SANDPOINT ID 83864-2704
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. <b>Mailing Address: Correct in this box if needed.</b> ABBY A. ULLMAN, LLC ABBY A. ULLMAN <del>1604 NORTHSORE DR</del> <b>1008 Park Avenue</b> <del>SANDPOINT ID 83864-2704</del>		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"/>	ABBY A. ULLMAN	1008 PARK AVE.	SANDPOINT	ID		83864
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	DECEASED 3/6/15: MY HUSBAND, RONALD W. SMITH	1604 NORTHSORE DR.	SANDPOINT,	ID		83864
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; font-weight: bold;">IDAHO W 55589</div>	6. Signature: <u>Abby A. Ullman</u> Date: <u>9/2/15</u> <hr/> <div style="display: flex; justify-content: space-between;"> <span>Name (type or print): <b>ABBY A. ULLMAN</b></span> <span>Title: <b>MANAGER</b></span> </div>
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