| No. <b>W 73135</b>   |   | and the second s |                                  | 2. Registered Agent and Address (NO PO BOX)                   |  |          |         |                |
|--|---|--|----------------------------------|---|--|----------|---------|----------------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080           |   | Annual Report Form  1. Mailing Address: Correct in this box if needed.  ABLE BURY, LLC RAINO ZOLLER  1010 S ORCHARD ST BOISE ID 83705  |                                  | TARTER & ASSOCIATES PA<br>1010 S ORCHARD ST<br>BOISE ID 83705 |  |          |         |                |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   |   |  |                                  |   | 3. <u>New</u> Registered Agent Signature:* |          |         |                |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. |   |  |                                  |   |  |          |         |                |
|  | Name  |  | Street or PO Address             |   | City                                       | State    | Country | Postal Code    |
|  | RAINO ZOLLER<br>HOLLY PONATH  |  | 194 SKYLARK DR<br>194 SKYLARK DR |   | BOISE<br>BOISE                             | ID<br>ID | USA     | 83702<br>83702 |
| 5. Organized Under the Laws of:  |   | 6. Annual Report must be signed.*  |                                  |   |  |          |         |                |
| ID<br>W 73135  |   | Signature: Raino Zoller  |                                  | Date: 03/06/2016  |  |          |         |                |
|  |   | Name (type or print): Raino Zoller   |                                  |   | Title: Manager                             |          |         |                |
| Processed 03/06/2016   | rocessed 03/06/2016 * Electronically provided signatures are accepted as original signatures. |  |                                  |   |  |          |         |                |