

No. W 40356		Due no later than Jun 30, 2016		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. ALLABILITIES, LLC CHRISTINA M SCHIED 4863 BURLINGTON CIRCLE BOISE ID 83704		CHRISTINA SCHIED 4863 BURLINGTON CIRCLE BOISE ID 83704			
				3. <u>New</u> 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	CHRISTINA M SCHIED	4863 BURLINGTON CIRCLE	BOISE	ID	USA	83704	
MEMBER	A TRAVIS SCHIED	4863 BURLINGTON CIRCLE	BOISE	ID	USA	83704	
5. Organized Under the Laws of: ID W 40356		6. Annual Report must be signed.* Signature: CHRISTINA SCHIED Name (type or print): CHRISTINA SCHIED Date: 07/20/2016 Title: Member					
Processed 07/20/2016		* Electronically provided signatures are accepted as original signatures.					