| No. W 86499 | | Due no later than Aug 31, 2012 | | 2. Registered | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|--------------------|---|------------------------------------|---------------|---|---------|-------------|--|
| Return to: | | Annual Report Form | | STEVE AL | STEVE ALLISON 2079 CRYSTAL WY BOISE ID 83706 3. New Registered Agent Signature:* | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. ALLISON & ASSOCIATES, LLC STEVE ALLISON 6663 N GLENWOOD ST BOISE ID 83706 | | BOISE ID | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Com | ıpanies: Enter Naı | mes and Addresses | of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER STEVE ALLISO | | SON | 2079 CRYSTAL WAY | BOISE | ID | USA | 83706 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Steve Allison | | | Date: 09/24/2012 | | | |
| W 86499 | | Name (type or print): Steve Allison | | | Title: President | | | |
| Processed 09/24/2012 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |