

No. <b>W 72419</b>		<b>Due no later than Mar 31, 2014</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		LORI HALLE WARD 1070 LAURELWOOD CT TWIN FALLS ID 83301			
		<b>1. Mailing Address: Correct in this box if needed.</b>		3. <u>New</u> Registered Agent Signature:*			
		ALBO, LLC LORI H. WARD PO BOX 6029 TWIN FALLS ID 83303					
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	LORI HALLE WARD	PO BOX 6029	TWIN FALLS	ID	USA	83303	
MEMBER	ROBERT WARD	PO BOX 6029	TWIN FALLS	ID	USA	83303	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 72419</b>		Signature: Lori Halle Ward		Date: 03/10/2014			
		Name (type or print): Lori Halle Ward		Title: Managing Member			
Processed 03/10/2014		* Electronically provided signatures are accepted as original signatures.					