

No. W 40356		Due no later than Jun 30, 2009		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		CHRISTINA SCHIED 120 E MALLARD DR #208 BOISE ID 83706			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		ALLABILITIES, LLC CHRISTINA M SCHIED 120 E MALLARD DR #208 BOISE ID 83706 USA					
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 SCHIED	120 E MALLARD DR #208	BOISE	ID	USA	83706	
MEMBER	A TRAVIS SCHIED	120 E MALLARD DR #208	BOISE	ID	USA	83706	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 40356		Signature: A. Travis Schied			Date: 07/15/2009		
		Name (type or print): A. Travis Schied			Title: Co-Owner		
Processed 07/15/2009		* Electronically provided signatures are accepted as original signatures.					