




No. W 127117	Due no later than Jul 31, 2016 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) SALVADOR MONTES 851 SHENANDOW HAILEY ID 83333
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. A.S.A. MOVING LLC PO BOX 4173 HAILEY ID 83333		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Alexandro Garcia	HAILEY PO Box 4173	HAILEY	ID.		83333
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Salvador Montes		HAILEY	ID		83333
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Anferno Sanchez		HAILEY	ID.		83333
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 127117 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  Name (type or print): Salvador Montes </td> <td style="width: 40%;"> Date: 06/17/2016 Title: Member </td> </tr> </table>	Signature:  Name (type or print): Salvador Montes	Date: 06/17/2016 Title: Member
Signature:  Name (type or print): Salvador Montes	Date: 06/17/2016 Title: Member		

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.