

No. W 152024	Due no later than May 31, 2017 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) CORI BARDEN 514 BURRELL AVE LEWISTON ID 83501
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. ABLE DEVELOPMENT LLC 613 BRYDEN AVE LEWISTON ID 83501 <div style="font-size: 1.2em; margin-top: 10px;"> 923 VISTA Ave Lewiston, ID 83501 </div>		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 checked="" type="checkbox"/> Member <input checked="" type="checkbox"/> <i>Thomas Bitker 1231 Tabycker Way Lewiston 99403</i> <div style="margin-left: 100px;"><i>same as above</i></div>			
Manager <input type="checkbox"/> Member <input type="checkbox"/> <i>Thomas C Bitker 1231 Taby Ct</i>			
Manager <input type="checkbox"/> Member <input type="checkbox"/> <i>Clarkston Wa 99403</i>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 152024 </div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> Signature: <i>[Signature]</i> <hr/> Name (type or print): <i>Tom Bitker</i> </div> <div> Date: <i>7/27/17</i> <hr/> Title: <i>Member</i> </div> </div>	
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