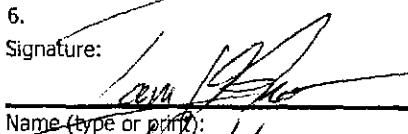


No. W 152024		Due no later than May 31, 2017 Annual Report Form		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> CORI BARDEN 514 BURRELL AVE LEWISTON ID 83501	
Return to:  SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  ABLE DEVELOPMENT LLC 613-BRYDEN AVE LEWISTON ID 83501		3. New Registered Agent Signature.	
NO FILING FEE IF RECEIVED BY DUE DATE		923, Vista Ave Lewiston, ID 83501			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.					
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>		Name      Street or PO Address		City	State    Country    Postal Code
Manager <input type="checkbox"/> Member <input type="checkbox"/>		Thomas Bitter 1231 Toby Ct as above		99403	
Manager <input type="checkbox"/> Member <input type="checkbox"/>		Thomas Bitter 1231 Toby Ct Clintons for us 99403			
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
5. Organized Under the Laws of:  IDAHO W 152024		6. Signature:   Name (type or print):  Tom Bitter		Date:  7/13/17 Title:  'Manager'	
Issued 05/24/2017 by SLD					
130997					