| No. W 155015 | Due no later than Aug 31, 2017 | | 2. Registered | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|---|----------------------------|---|---|---------|-------------|--|
| Return to: | Annual Report Form | | | THOMAS WOLVERTON | | | |
| SECRETARY OF STATE | 1. Mailing Address: Correct in this box if needed. | | 10 17 17 17 17 17 17 17 17 17 17 17 17 17 | 2960 N LINDA VISTA LN #7 BOISE ID 83704-8370 | | | |
| 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | ACE MOVING SERVICES LLC THOMAS BRUCE WOLVERTON 2960 N LINDA VISTA LN #7 BOISE ID 83704 | | BOISE ID | BOISE ID 63704-6370 | | | |
| | | | 3. <u>New</u> Registe | 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | 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 THOMAS WOLVERTON | | 2960 N. LINDA VISTA LN. #7 | BOISE | ID | USA | 83704 | |
| | | | | | | | |
| 5. Organized Under the Laws of: | 6. Annual Report mu | | | | | | |
| ID | Signature: Thoma | | Date: 09/22/2017 | | | | |
| W 155015 | Name (type or print): Thomas Wolverton | | Title: Owner | | | | |
| Processed 09/22/2017 | * Electronically provided signatures are accepted as original signatures. | | | | | | |