

No. W 108477		Due no later than Nov 30, 2017 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. ALBO 2, LLC LORI HALLE WARD PO BOX 6029 TWIN FALLS ID 83303		LORI HALLE WARD 1070 LAURELWOOD CT TWIN FALLS ID 83301			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name LORI H WARD	Street or PO Address 1070 LAURELWOOD CT		City TWIN FALLS	State ID	Country USA	Postal Code 83301
5. Organized Under the Laws of: ID W 108477		6. Annual Report must be signed.* Signature: Lori Ward Name (type or print): Lori Ward Date: 10/17/2017 Title: Manager					
Processed 10/17/2017 * Electronically provided signatures are accepted as original signatures.							