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|--|-----------------|---|------------|--|---------|------------------------|--|
| No. W 72419 | | Due no later than Mar 31, 2010 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form 1. Mailing Address: Correct in this box if needed. ALBO, LLC LORI H. WARD PO BOX 6029 TWIN FALLS ID 83303 | | LORI HALLE WARD 1070 LAURELWOOD CT TWIN FALLS ID 83301 | | | |
| | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 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 | LORI HALLE WARD | PO BOX 6029 | TWIN FALLS | ID | USA | 83303 | |
| MEMBER | ROBERT WARD | PO BOX 6029 | TWIN FALLS | ID | USA | 83303 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID W 72419 | | Signature: Lori H. Ward | | | | Date: 04/16/2010 | |
| | | Name (type or print): Lori H. Ward | | | | Title: Managing Member | |
| Processed 04/16/2010 | | * Electronically provided signatures are accepted as original signatures. | | | | | |