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| No. W 104133 | Due no later than Jun 30, 2014 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 NO FILING FEE IF RECEIVED BY DUE DATE | 1. Mailing Address: Correct in this box if needed. GABLES OF AMMON MANAGEMENT, LLC MURRAY JIM SORENSEN 181 NW MAIN STREET BLACKFOOT ID 83221 USA | | MURRY JIM SORENSEN 181 NW MAIN STREET BLACKFOOT ID 83221 | | | |
| | | | 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 | JOHN FULLMER | 1160 AIRPORT ROAD | BLACKFOOT | ID | USA | 83221 |
| MEMBER | JOSHUA SORENSEN | 561 WEST 75 SOUTH | BLACKFOOT | ID | USA | 83221 |
| MANAGER | MURRAY JIM SORENSEN | 181 NW MAIN | BLACKFOOT | ID | USA | 83221 |
| 5. Organized Under the Laws of: ID W 104133 | 6. Annual Report must be signed.* Signature: Murray Jim Sorensen Name (type or print): Murray Jim Sorensen | | Date: 05/27/2014 Title: Registered Agent | | | |
| Processed 05/27/2014 | | * Electronically provided signatures are accepted as original signatures. | | | | |