

|                                                                                                                                                        |              |                                                                                                                                      |         |                                                         |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------------------------------------------------------------------------------------------------------------------|---------|---------------------------------------------------------|---------|------------------|--|
| No. <b>W 131277</b>                                                                                                                                    |              | <b>Due no later than Nov 30, 2017</b>                                                                                                |         | 2. Registered Agent and Address <b>(NO PO BOX)</b>      |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |              | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>A&M CONCEPTS, LLC<br>AARON HANSEN<br>PO BOX 195<br>TETONIA ID 83452 |         | AARON HANSEN<br>2894 ELDERBERRY AVE<br>TETONIA ID 83452 |         |                  |  |
|                                                                                                                                                        |              |                                                                                                                                      |         | 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                                                                                                                                                 | AARON HANSEN | PO BOX 195                                                                                                                           | TETONIA | ID                                                      | USA     | 83452            |  |
| 5. Organized Under the Laws of:                                                                                                                        |              | 6. Annual Report must be signed.*                                                                                                    |         |                                                         |         |                  |  |
| <b>ID<br/>W 131277</b>                                                                                                                                 |              | Signature: Aaron Hansen                                                                                                              |         |                                                         |         | Date: 10/07/2017 |  |
|                                                                                                                                                        |              | Name (type or print): Aaron Hansen                                                                                                   |         |                                                         |         | Title: member    |  |
| Processed 10/07/2017                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                            |         |                                                         |         |                  |  |