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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------|---------|-------------|--|
| No. <b>W 61417</b>                                                                                                                                     |                         | <b>Due no later than Apr 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>Annual Report Form</b>                                                                                                                                        |       | MICHAEL CUNNINGTON<br>355 W IOWA<br>NAMPA ID 83686 |         |             |  |
|                                                                                                                                                        |                         | <b>1. Mailing Address: Correct in this box if needed.</b>                                                                                                        |       | 3. <u>New</u> Registered Agent Signature:*         |         |             |  |
|                                                                                                                                                        |                         | AMAS REAL ESTATE LLC<br>KIM CUNNINGTON<br>355 W IOWA<br>NAMPA ID 83686                                                                                           |       |                                                    |         |             |  |
| 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                                                                                                                                                 | MICHAEL CUNNINGTON      | 355 W IOWA                                                                                                                                                       | NAMPA | ID                                                 | USA     | 83686       |  |
| MEMBER                                                                                                                                                 | MARJORIE KIM CUNNINGTON | 355 W IOWA                                                                                                                                                       | NAMPA | ID                                                 | USA     | 83686       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 61417</b>                                                                                           |                         | 6. Annual Report must be signed.*<br>Signature: Marjorie Kim Cunningham<br>Name (type or print): Marjorie Kim Cunningham<br>Date: 04/18/2017<br>Title: Secretary |       |                                                    |         |             |  |
| Processed 04/18/2017                                                                                                                                   |                         | * Electronically provided signatures are accepted as original signatures.                                                                                        |       |                                                    |         |             |  |