

No. W 2029		Due no later than Feb 28, 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 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. AMERICAN MORTGAGE SERVICE, LLC MITCH R CAMPBELL P O BOX 1785 TWIN FALLS ID 83303		MITCH R CAMPBELL 3502 N 3000 E 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	
MANAGER	MITCH R CAMPBELL	PO BOX 1785	TWIN FALLS	ID		83303	
5. Organized Under the Laws of: ID W 2029		6. Annual Report must be signed.* Signature: Mitch R Campbell Name (type or print): Mitch R Campbell		Date: 01/05/2017 Title: Manager			
Processed 01/05/2017		* Electronically provided signatures are accepted as original signatures.					