

|  |             |  |          |  |         |              |  |
|--|-------------|--|----------|--|---------|--------------|--|
| No. <b>W 68569</b>   |             | <b>Due no later than Nov 30, 2009</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><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>AMS TRAINING, LLC<br>ANN M SMITH<br>2533 N ROBIE AVE<br>MERIDIAN ID 83646<br>USA |          | ANN M SMITH<br>2533 N ROBIE AVE<br>MERIDIAN ID 83646 |         |              |  |
|  |             |  |          | 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  | ANN M SMITH | 2533 N ROBIE AVE   | MERIDIAN | ID   | USA     | 83646        |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 68569</b>   |             | 6. Annual Report must be signed.*<br>Signature: Ann Smith<br>Name (type or print): Ann Smith   |          |  |         |              |  |
|  |             |  |          | Date: 09/11/2009                                     |         | Title: Owner |  |
| Processed 09/11/2009   |             | * Electronically provided signatures are accepted as original signatures.  |          |  |         |              |  |