

No. W 132611		Due no later than Dec 31, 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		1. Mailing Address: Correct in this box if needed. APM RETIREMENT PLAN, LLC MITCH CAMPBELL PO BOX 1785 TWIN FALLS ID 83303		MITCH R CAMPBELL 3502 N 3000 E TWIN FALLS ID 83301			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name MITCH R CAMPBELL	Street or PO Address P.O. BOX 1785		City TWIN FALLS	State ID	Country USA	Postal Code 83303-4962
5. Organized Under the Laws of: ID W 132611		6. Annual Report must be signed.* Signature: Mitch R Campbell Name (type or print): Mitch R Campbell Date: 11/27/2017 Title: Manager					
Processed 11/27/2017 * Electronically provided signatures are accepted as original signatures.							