

No. W 132611		Due no later than Dec 31, 2017		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. APM RETIREMENT PLAN, LLC MITCH CAMPBELL PO 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	P.O. BOX 1785	TWIN FALLS	ID	USA	83303-4962	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 132611		Signature: Mitch R Campbell				Date: 11/27/2017	
		Name (type or print): Mitch R Campbell				Title: Manager	
Processed 11/27/2017		* Electronically provided signatures are accepted as original signatures.					