| No. W 69134 | | Due no later than Dec 31, 2014 | | 2. Registered Agent and Address (NO PO BOX) | | | | |
|--|-------------------|---|-----------------------------------|--|-----------------------|-------|---------|-------------|
| Return to: | | Annual Report Form | | MARK JOHNSON 802 CLEARWATER LOOP POST FALLS 83854 3. New Registered Agent Signature:* | | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. OMG NORTH AMERICA, L.L.C. MARK F JOHNSON 802 CLEARWATER LOOP POST FALLS ID 83854 | | | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Comp | oanies: Enter Nar | mes and Addresses | s of at least one Member or Manag | ger. | | | | |
| Office Held | Name | | Street or PO Address | | City | State | Country | Postal Code |
| MANAGER MARK JOHNS | | SON | 802 CLEARWATER LOOP | | POST FALLS | ID | | 83854 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: TERESA CAMMARATA | | | Date: 10/15/2014 | | | |
| W 69134 | | Name (type or print): TERESA CAMMARATA | | | Title: OFFICE MANAGER | | | |
| Processed 10/15/2014 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |