No. W 22967		Due no later than Feb 28, 2015		2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. AME, LLC LAURIE BERRETT 2891 SHELLY PLACE POCATELLO ID 83205		LAURIE BERRETT 2891 SHELLY PL POCATELLO 83201 3. New Registered Agent Signature:*				
								NO FILING FEE IF RECEIVED BY DUE DATE
4. Limited Liability Compa	anies: Enter Na	mes and Addresses	of at least one Member or Manage	er.				
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER LAURIE BERRETT		RETT	2891 SHELLY		POCATELLO	ID		83201
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 22967		Signature: Laurie Berrett			Date: 12/15/2014			
		Name (type or print): Laurie Berrett			Title: Manager			
Processed 12/15/2014 * Electronically provided signatures are accepted as original signatures.								