No. W 12184	D	Due no later than Jun 30, 2013		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form	The second of th				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	A-R MANAGE AARON CLA	1. Mailing Address: Correct in this box if needed. A-R MANAGEMENT L.L.C. AARON CLARK 550 W PACIFIC BLACKFOOT ID 83221 USA		550 W PACIFIC ST BLACKFOOT ID 83221			
NO FILING FEE IF RECEIVED BY DUE DATE	BLACKFOOT			3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter	Names and Address	ses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER AARON MEMBER ROBERT	CLARK HADDOCK	550 W PACIFIC 550 W PACIFIC	BLACKFOOT BLACKFOOT	ID ID	USA USA	83221 83221	
5. Organized Under the Laws of: 6. Annual Re		ort must be signed.*					
ID	Signature: A	Signature: Aaron Clark Date: 04/24/2013					
W 12184	Name (type	Name (type or print): Aaron Clark		Title: Member			
Processed 04/24/2013	* Electronically	* Electronically provided signatures are accepted as original signatures.					