No. W 30925		Due no later than Jun 30, 2015 Annual Report Form		2. Registered A	2. Registered Agent and Address (NO PO BOX) MICHAEL HOLCOMB 860 HUGHES DR PAYETTE ID 83661 3. New Registered Agent Signature:*			
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. AMMP CO. LLC MICHAEL S HOLCOMB 860 HUGHES DR PAYETTE ID 83661 USA		Q.				
				3. <u>New</u> Registe				
Limited Liability Com	npanies: Enter Na	mes and Addresses of	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER MICHAEL HOLCOMB MANAGER MARCI HYATTE HOLCOMB		860 HUGHES DR 860 HUGHES DR	PAYETTE PAYETTE	ID ID		83661 83661		
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Michael		Da	Date: 05/14/2015			
W 30925		Name (type or print): Michael		Ti	Title: Holcomb			
Processed 05/14/2015		* Electronically prov	ided signatures are accepted as origi	nal signatures.				