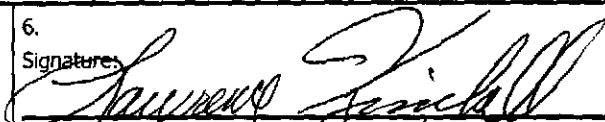
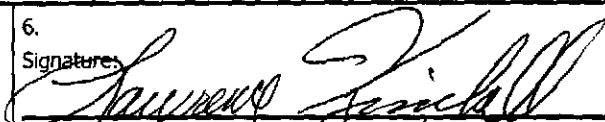
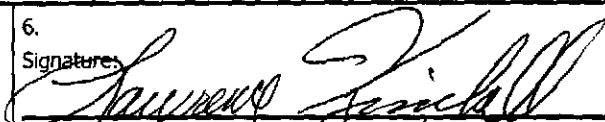


No. W 114657	Due no later than Jun 30, 2014 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) LAWRENCE KIMBALL 035 LAIDLAW RD CAREY ID 83320
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. CAREY KIMAMA MX, LLC 035 LAIDLAW RD CAREY ID 83320		3. New Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	LAWRENCE KIMBALL	035 LAIDLAW RD	CAREY	IDA.		
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Todd VIERRA	948 NORTH 450 WEST	WESTPOINT	UTAH		84015
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 114657 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signatures:  Name (type or print): LAWRENCE Kimball </td> <td style="width: 40%;"> Date: 4/16/14 Title: Member </td> </tr> </table>	Signatures:  Name (type or print): LAWRENCE Kimball	Date: 4/16/14 Title: Member
Signatures:  Name (type or print): LAWRENCE Kimball	Date: 4/16/14 Title: Member		

Issued 04/14/2014 by JL1
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