No. <b>W 140443</b> Return to:		Due no later than Jul 31, 2016 Annual Report Form			2. Registered Agent and Address (NO PO BOX)  JONATHAN M CATON			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  NMI, LLC JONATHAN M CATON 1435 11TH AVE E TWIN FALLS ID 83301		TWIN FALLS	1435 11TH AVE E TWIN FALLS ID 83301-8330  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compar	nies: Enter Na	mes and Addresses	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	LINDSEY S.	CATON	1435 11TH AVE. E.	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Jon		Date: 08/07/2016				
W 140443		Name (type or		Title: President				
Processed 08/07/2016	rocessed 08/07/2016 * Electronically provided signatures are accepted as original signatures.							