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| No. W 66622 | | Due no later than Sep 30, 2016 | | 2. Registered Agent and Address (NO PO BOX) | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form | | MITCH R CAMPBELL 3502 N 3000 E TWIN FALLS ID 83301 | |
| | | 1. Mailing Address: Correct in this box if needed. AMERICAN INDEPENDENT MOVEMENT, LLC MITCH R CAMPBELL PO BOX 1785 TWIN FALLS ID 83303 | | 3. <u>New</u> Registered Agent Signature:* | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country Postal Code |
| MANAGER | MITCH R CAMPBELL | PO BOX 1785 | TWIN FALLS | ID | 83303 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | |
| ID W 66622 | | Signature: Mitch R. Campbell | | Date: 08/15/2016 | |
| | | Name (type or print): Mitch R. Campbell | | Title: Manager | |
| Processed 08/15/2016 | | * Electronically provided signatures are accepted as original signatures. | | | |