

| | | | | | |
|--|------------------|--|-------|---|---------------------|
| No. W 56656 | | Due no later than Nov 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 1. Mailing Address: Correct in this box if needed. AMORA LLC STEVE LOOMIS PO BOX 174 HORSESHOE BEND ID 83629 | | STEVE LOOMIS 30 PLUM DR HORSESHOE BEND ID 83629 | |
| | | | | 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 | STEVE LOOMIS | 7154 W STATE ST PMB 187 | BOISE | ID | 83714 |
| MANAGER | DARRIN HENDRICKS | 9951 N LARIAT ST. BOISE, ID | BOISE | ID | 83714 |
| 5. Organized Under the Laws of: ID W 56656 | | 6. Annual Report must be signed.* Signature: Steve Loomis Name (type or print): Steve Loomis Date: 10/18/2016 Title: Manager | | | |
| Processed 10/18/2016 | | * Electronically provided signatures are accepted as original signatures. | | | |