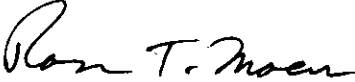
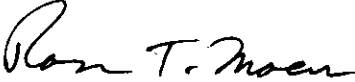
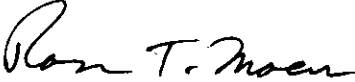


| | | | |
|--|---|--|---|
| No. W 37132 | Due no later than Feb 28, 2015 Annual Report Form | | 2. Registered Agent and Office (NOT A P.O. BOX) RON MOEN 710 W DALTON AVE COEUR D'ALENE ID 83815 |
| Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | 1. Mailing Address: Correct in this box if needed. M3M, LLC RON MOEN 710 W DALTON AVE COEUR D'ALENE ID 83815 | | 3. <u>New</u> 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 checked="" type="checkbox"/> Member <input type="checkbox"/> | RON MOEN | 710 W. DALTON | COEUR D'ALENE, ID. | 83815 | | |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | MIKE MOEN | 6285 N. PLEASANT VIEW. | POST FALLS | ID. | | 83854 |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | JULIE WALTON | 710 W. DALTON | COEUR D'ALENE | ID. | | 83815 |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | |

| | | | | | |
|--|--|---|---------------------|-----------------------------|--------------|
| 5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold;">IDAHO W 37132</div> | 6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: <u>2/4/15</u> </td> </tr> <tr> <td> Name (type or print): _____ </td> <td> Title: _____ </td> </tr> </table> | Signature:  | Date: <u>2/4/15</u> | Name (type or print): _____ | Title: _____ |
| Signature:  | Date: <u>2/4/15</u> | | | | |
| Name (type or print): _____ | Title: _____ | | | | |

Issued 12/17/2014 by DK1
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