

No. W 72404	Due no later than Mar 31, 2015 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) RANDY MORELL 27 W LAKE FORD RD MCCALL ID 83638																																			
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. G & M, LLC 27 WEST LAKE FORK ROAD MCCALL ID 83638		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%; text-align: left;">Manager or Member</th> <th style="width: 15%;">Name</th> <th style="width: 25%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td>Randy Morell</td> <td>27 W. Lake Fork Rd.</td> <td>McCall</td> <td>Id.</td> <td>USA</td> <td>83638</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Deanna Morell</td> <td>27 W. Lake Fork Rd</td> <td>McCall</td> <td>Id</td> <td>USA</td> <td>83638</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input type="checkbox"/>	Randy Morell	27 W. Lake Fork Rd.	McCall	Id.	USA	83638	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Deanna Morell	27 W. Lake Fork Rd	McCall	Id	USA	83638	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 72404 </div>		6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: Name (type or print): <u>Deanna Morell</u> </td> <td style="width: 40%;"> Date: <u>1/23/15</u> Title: <u>Sec.</u> </td> </tr> </table>		Signature: Name (type or print): <u>Deanna Morell</u>	Date: <u>1/23/15</u> Title: <u>Sec.</u>																																	
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Issued 01/16/2015 by SLD 110633																																						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in "11".