| No. <b>W 121733</b> Return to:   |   | Due no later than Feb 28, 2014 Annual Report Form  1. Mailing Address: Correct in this box if needed.  OM OM OM LLC MOHAN LAL SEPLA 2560 S SKYVIEW DR NAMPA ID 83686 |                              | 2 | 2. Registered Agent and Address (NO PO BOX)  MOHAN LAL SEPLA 2560 S SKYVIEW DR NAMPA ID 83686  3. New Registered Agent Signature:* |       |         |             |  |
|--|---|--|------------------------------|---|--|-------|---------|-------------|--|
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 |   |  |                              |   |  |       |         |             |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   |   |  |                              |   |  |       |         |             |  |
| 4. Limited Liability Compar  | nies: Enter Nar   | nes and Addresses of at  | least one Member or Manager. |   |  |       |         |             |  |
| Office Held  | Name  |  | Street or PO Address         |   | City   | State | Country | Postal Code |  |
| MEMBER   | MOHAN LAL   | SEPLA  | 2560 S. SKYVIEW DR           |   | Nampa  | ID    | USA     | 83686       |  |
| 5. Organized Under the Laws of:  |   | 6. Annual Report must be signed.*  |                              |   |  |       |         |             |  |
| ID   |   | Signature: Mohan Sepla   |                              |   | Date: 01/23/2014   |       |         |             |  |
| W 121733   |   | Name (type or print): Mohan Sepla  |                              |   | Title: Owner   |       |         |             |  |
| Processed 01/23/2014   | * Electronically provided signatures are accepted as original signatures. |  |                              |   |  |       |         |             |  |