

No. W 104133		Due no later than Jun 30, 2016 Annual Report Form		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		1. Mailing Address: Correct in this box if needed.		MURRY JIM SORENSEN 181 NW MAIN STREET BLACKFOOT ID 83221-8322			
		GABLES OF AMMON MANAGEMENT, LLC MURRAY JIM SORENSEN 181 NW MAIN STREET BLACKFOOT ID 83221		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	MURRAY JIM SORENSEN	181 NW MAIN ST.	BLACKFOOT	ID	USA	83221	
MANAGER	JOSHUA SORENSEN	1405 CURLEW DR.	IDAHO FALLS	ID	USA	83401	
5. Organized Under the Laws of: ID W 104133		6. Annual Report must be signed.* Signature: Murray Jim Sorensen Name (type or print): Murray Jim Sorensen					
		Date: 04/25/2016 Title: Registered Agent					
Processed 04/25/2016 * Electronically provided signatures are accepted as original signatures.							