No. W 25995 Return to:		Due no later than Sep 30, 2014 Annual Report Form 1. Mailing Address: Correct in this box if needed. MARCOM, LLC MARC S MURPHY P O BOX 50077 IDAHO FALLS ID 83405-0077 USA			2. Registered Agent and Address (NO PO BOX) MARCELLA MEDOR 142 E 16TH ST IDAHO FALLS 83404 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				IDAHO FALLS				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	inies: Enter Nar	mes and Addresses of at	least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	MARCELLA MEDOR		142 E 16TH ST	IDAHO FALLS	ID		83404	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 25995		Signature: Marc Murphy			Date: 11/18/2014			
		Name (type or print): Marc Murphy			Title: CFO			
Processed 11/18/2014		* Electronically provided signatures are accepted as original signatures.						