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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------|---------|-------------|--|
| No. <b>W 26052</b>                                                                                                                                     |                      | <b>Due no later than Sep 30, 2017</b>                                                                                                |             | 2. Registered Agent and Address <b>(NO PO BOX)</b>              |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                      | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>2MB LLC<br>ERIC K BURKE<br>PO BOX 3004<br>IDAHO FALLS ID 83403      |             | JARIN O HAMMER<br>2105 CORONADO ST<br>IDAHO FALLS ID 83404-8340 |         |             |  |
|                                                                                                                                                        |                      |                                                                                                                                      |             | 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                                                                                                                                                | ERIC K BURKE         | 5456 COTTON TREE LANE                                                                                                                | AMMON       | ID                                                              | USA     | 83406       |  |
| MEMBER                                                                                                                                                 | DEANA MICHELLE BURKE | PO BOX 3004                                                                                                                          | IDAHO FALLS | ID                                                              | USA     | 83403       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 26052</b>                                                                                           |                      | 6. Annual Report must be signed.*<br>Signature: Eric Burke<br>Name (type or print): Eric Burke<br>Date: 09/27/2017<br>Title: Manager |             |                                                                 |         |             |  |
| Processed 09/27/2017                                                                                                                                   |                      | * Electronically provided signatures are accepted as original signatures.                                                            |             |                                                                 |         |             |  |