

|  |                      |  |         |  |         |             |  |
|--|----------------------|--|---------|--|---------|-------------|--|
| No. <b>W 30925</b>   |                      | <b>Due no later than Jun 30, 2010</b><br><b>Annual Report Form</b>   |         | 2. Registered Agent and Address ( <b>NO PO BOX</b> ) |         |             |  |
| Return to:<br><br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 |                      | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>AMMP CO. LLC<br>MICHAEL S HOLCOMB<br>860 HUGHES DR<br>PAYETTE ID 83661<br>USA |         | MICHAEL HOLCOMB<br>860 HUGHES DR<br>PAYETTE ID 83661 |         |             |  |
| <b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>   |                      |  |         | 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  | MICHAEL HOLCOMB      | 860 HUGHES DR  | PAYETTE | ID   | USA     | 83661       |  |
| MANAGER  | MARCI HYATTE HOLCOMB | 860 HUGHES DR  | PAYETTE | ID   | USA     | 83661       |  |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 30925</b>                                 |                      | 6. Annual Report must be signed.*<br><br>Signature: Michael Holcomb<br>Name (type or print): Michael Holcomb                                   |         |  |         |             |  |
|  |                      | Date: 04/13/2010<br>Title: Manager Member  |         |  |         |             |  |
| Processed 04/13/2010   |                      | * Electronically provided signatures are accepted as original signatures.  |         |  |         |             |  |