

|                                                                                                                                                        |                  |                                                                                                                                              |       |                                                    |                  |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------|------------------|-------------|--|
| No. <b>W 43909</b>                                                                                                                                     |                  | <b>Due no later than Oct 31, 2013</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>Annual Report Form</b>                                                                                                                    |       | LISA JENSEN<br>2883 HWY 95<br>PARMA ID 83660       |                  |             |  |
|                                                                                                                                                        |                  | <b>1. Mailing Address: Correct in this box if needed.</b><br>M & L EQUIPMENT, L.L.C.<br>LISA D JENSEN<br>PO BOX 837<br>PARMA ID 83660<br>USA |       | 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 |  |
| MEMBER                                                                                                                                                 | RICHARD M JENSEN | 2883 HWY 95                                                                                                                                  | PARMA | ID                                                 | USA              | 83660       |  |
| MEMBER                                                                                                                                                 | LISA JENSEN      | 2883 HWY 95                                                                                                                                  | PARMA | ID                                                 | USA              | 83660       |  |
| 5. Organized Under the Laws of:                                                                                                                        |                  | 6. Annual Report must be signed.*                                                                                                            |       |                                                    |                  |             |  |
| <b>ID<br/>W 43909</b>                                                                                                                                  |                  | Signature: Lisa Jensen                                                                                                                       |       |                                                    | Date: 08/08/2013 |             |  |
|                                                                                                                                                        |                  | Name (type or print): Lisa Jensen                                                                                                            |       |                                                    | Title: Owner     |             |  |
| Processed 08/08/2013                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                    |       |                                                    |                  |             |  |