

No. <b>W 56656</b>		<b>Due no later than Nov 30, 2014</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  AMORA LLC STEVE LOOMIS PO BOX 174 HORSESHOE BEND ID 83629		STEVE LOOMIS 30 PLUM DR HORSESHOE BEND 83629	
				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	STEVE LOOMIS	7154 W STATE ST PMB 187	BOISE	ID	83714
MANAGER	DARRIN HENDRICKS	9951 N LARIAT ST. BOISE, ID	BOISE	ID	83714
5. Organized Under the Laws of:  <b>ID W 56656</b>		6. Annual Report must be signed.* Signature: Steve Loomis Name (type or print): Steve Loomis Date: 10/20/2014 Title: Manager			
Processed 10/20/2014		* Electronically provided signatures are accepted as original signatures.			