

|                                                                                                                                                        |                           |                                                                                                                                                                                |      |                                                            |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------------------------------------------------------------|---------|------------------|--|
| No. <b>W 118649</b>                                                                                                                                    |                           | <b>Due no later than Oct 31, 2014</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><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>3BM LLC<br>JAMES ROBERT HALLINGSHEAD<br>443 S WAGONTOWN AVE<br>KUNA ID 83634 |      | JAMES HALLINGSHEAD<br>443 S WAGONTOWN AVE<br>KUNA ID 83634 |         |                  |  |
|                                                                                                                                                        |                           |                                                                                                                                                                                |      | 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                                                                                                                                                 | JAMES ROBERT HALLINGSHEAD | 443 S WAGONTOWN AVE                                                                                                                                                            | KUNA | ID                                                         | USA     | 83634            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                           | 6. Annual Report must be signed.*                                                                                                                                              |      |                                                            |         |                  |  |
| <b>ID</b>                                                                                                                                              |                           | Signature: James Robert Hallingshead                                                                                                                                           |      |                                                            |         | Date: 09/11/2014 |  |
| <b>W 118649</b>                                                                                                                                        |                           | Name (type or print): James Robert Hallingshead                                                                                                                                |      |                                                            |         | Title: Member    |  |
| Processed 09/11/2014                                                                                                                                   |                           | * Electronically provided signatures are accepted as original signatures.                                                                                                      |      |                                                            |         |                  |  |