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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------------------------------------|---------|-------------|--|
| No. <b>C 163182</b>                                                                                                                                    |                | <b>Due no later than Oct 31, 2010</b>                                                                                                                               |      | <b>2. Registered Agent and Address (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>A & M INC.<br>ADRIAN BEAZER<br>PO BOX 338<br>IONA ID 83427<br>USA |      | ADRIAN BEAZER<br>5446 E LONGHURST AVE<br>IONA ID 83427 |         |             |  |
|                                                                                                                                                        |                |                                                                                                                                                                     |      | 3. <u>New</u> Registered Agent Signature: *            |         |             |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |                |                                                                                                                                                                     |      |                                                        |         |             |  |
| Office Held                                                                                                                                            | Name           | Street or PO Address                                                                                                                                                | City | State                                                  | Country | Postal Code |  |
| SECRETARY                                                                                                                                              | MAUREEN BEAZER | PO BOX 338                                                                                                                                                          | IONA | ID                                                     | USA     | 83427       |  |
| PRESIDENT                                                                                                                                              | ADRIAN BEAZER  | PO BOX 338                                                                                                                                                          | IONA | ID                                                     | USA     | 83427       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 163182</b>                                                                                          |                | 6. Annual Report must be signed.*<br>Signature: Adrian Beazer<br>Name (type or print): Adrian Beazer<br>Date: 08/18/2010<br>Title: Pres.                            |      |                                                        |         |             |  |
| Processed 08/18/2010                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                           |      |                                                        |         |             |  |