| No. W 123533 | | Due no later than Mar 31, 2014 | | 2. Registered Agent and Address (NO PO BOX) | | | | |
|--|------------------|--|---------------------------------------|--|------------------|-------|---------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. MARTIN MICKELSEN, LLC MARTIN MICKELSEN PO BOX 52 BLACKFOOT ID 83221 | | LYNN MICKELSEN 247 N 300 W BLACKFOOT ID 83221 3. New Registered Agent Signature:* | | | | |
| | | | | | | | | NO FILING FEE IF RECEIVED BY DUE DATE |
| 4. Limited Liability Compar | nies: Enter Nai | mes and Addresse | es of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | | City | State | Country | Postal Code |
| MEMBER | MARTIN MICKELSEN | | PO BOX 52 | | BLACKFOOT | ID | USA | 83221 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Jeffrey Clark | | | Date: 01/30/2014 | | | |
| W 123533 | | Name (type or print): Jeffrey Clark | | | Title: Cpa | | | |
| Processed 01/30/2014 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |