

No. W 56656		Due no later than Nov 30, 2017 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. AMORA LLC STEVE LOOMIS PO BOX 174 HORSESHOE BEND ID 83629		STEVE LOOMIS 30 PLUM DR HORSESHOE BEND ID 83629			
NO FILING FEE IF RECEIVED BY DUE DATE				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: ID W 56656		6. Annual Report must be signed.* Signature: Steve Loomis Name (type or print): Steve Loomis					
		Date: 09/29/2017 Title: Manager					
Processed 09/29/2017		* Electronically provided signatures are accepted as original signatures.					