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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-----------------------------------|---------|-------------|
| No. <b>W 35563</b>                                                                                                                                     | <b>Due no later than Dec 31, 2015</b><br><b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b><br>A & M 2 RENOVATIONS, L.L.C.<br>MICHAEL S WEBB<br>4161 W QUAIL RIDGE DR<br>BOISE ID 83703 |                                                                                                        | MICHAEL S WEBB<br>4161 W QUAIL RIDGE DR<br>BOISE ID 83703 |                                   |         |             |
|                                                                                                                                                        |                                                                                                                                                       |                                                                                                        | 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                                                                                                                                                 | MICHAEL S WEBB                                                                                                                                        | 4161 W QUAIL RIDGE DR                                                                                  | BOISE                                                     | ID                                |         | 83703       |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 35563</b>                                                                                     |                                                                                                                                                       | 6. Annual Report must be signed.*<br>Signature: Michael S Webb<br>Name (type or print): Michael S Webb |                                                           | Date: 10/15/2015<br>Title: member |         |             |
| Processed 10/15/2015                                                                                                                                   |                                                                                                                                                       | * Electronically provided signatures are accepted as original signatures.                              |                                                           |                                   |         |             |