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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------------------------------------------------|---------------------|
| No. <b>W 129411</b>                                                                                                                                    |                 | <b>Due no later than Sep 30, 2014</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>M2 LENDING LLC<br>MARY ANN STABGER<br>3728 N 3700 E<br>KIMBERLY ID 83341 |          | UNITED STATES CORPORATION AGEN<br>950 BANNOCK ST STE 1100<br>BOISE ID 83702<br>USA |                     |
|                                                                                                                                                        |                 |                                                                                                                                                                        |          | 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                                                                                                                                                 | MARYANN STANGER | 3728 N 3700 E                                                                                                                                                          | KIMBERLY | ID                                                                                 | USA 83341           |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 129411</b>                                                                                          |                 | 6. Annual Report must be signed.*<br>Signature: Maryann Stanger<br>Name (type or print): Maryann Stanger<br>Date: 07/11/2014<br>Title: Owner                           |          |                                                                                    |                     |
| Processed 07/11/2014                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                              |          |                                                                                    |                     |