

No. <b>W 2029</b>		<b>Due no later than Feb 29, 2016</b>		<b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> AMERICAN MORTGAGE SERVICE, LLC MITCH R CAMPBELL P O BOX 1785 TWIN FALLS ID 83303		MITCH R CAMPBELL 3502 N 3000 E TWIN FALLS ID 83301		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	MITCH R CAMPBELL	PO BOX 1785	TWIN FALLS	ID		83303	
5. Organized Under the Laws of:  <b>ID W 2029</b>		6. Annual Report must be signed.* Signature: MITCH CAMPBELL Name (type or print): MITCH CAMPBELL		Date: 02/16/2016 Title: MANAGER			
Processed 02/16/2016		* Electronically provided signatures are accepted as original signatures.					