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| No. W 26052 | Due no later than Sep 30, 2015 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 NO FILING FEE IF RECEIVED BY DUE DATE | 1. Mailing Address: Correct in this box if needed. 2MB LLC ERIC K BURKE PO BOX 3004 IDAHO FALLS ID 83403 USA | | JARIN O HAMMER 2105 CORONADO ST IDAHO FALLS ID 83404-8340 | | | |
| | | | 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 | ERIC K BURKE | 5456 COTTON TREE LANE | AMMON | ID | USA | 83406 |
| MEMBER | DEANA MICHELLE BURKE | PO BOX 3004 | IDAHO FALL | ID | USA | 83403 |
| 5. Organized Under the Laws of: ID W 26052 | 6. Annual Report must be signed.* Signature: Eric Burke Name (type or print): Eric Burke | | Date: 08/31/2015 Title: Manager | | | |
| Processed 08/31/2015 | | * Electronically provided signatures are accepted as original signatures. | | | | |