

|                                                                                                                                                        |               |                                                                           |       |                                                    |                  |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------------------------------------------|-------|----------------------------------------------------|------------------|-------------|--|
| No. <b>W 124690</b>                                                                                                                                    |               | <b>Due no later than Apr 30, 2015</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>Annual Report Form</b>                                                 |       | JOE A MOFFITT<br>4081 E 600 N<br>RIGBY 83442       |                  |             |  |
|                                                                                                                                                        |               | <b>1. Mailing Address: Correct in this box if needed.</b>                 |       | 3. <u>New</u> Registered Agent Signature:*         |                  |             |  |
|                                                                                                                                                        |               | 7M ENTERPRISES, LLC<br>JOE A MOFFITT<br>4081 E 600 N<br>RIGBY ID 83442    |       |                                                    |                  |             |  |
| 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                                                                                                                                                | JOE A MOFFITT | 4081 E 600 N                                                              | RIGBY | ID                                                 | USA              | 83442       |  |
| 5. Organized Under the Laws of:                                                                                                                        |               | 6. Annual Report must be signed.*                                         |       |                                                    |                  |             |  |
| <b>ID<br/>W 124690</b>                                                                                                                                 |               | Signature: JOE A MOFFITT                                                  |       |                                                    | Date: 02/21/2015 |             |  |
|                                                                                                                                                        |               | Name (type or print): JOE A MOFFITT                                       |       |                                                    | Title: MANAGER   |             |  |
| Processed 02/21/2015                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures. |       |                                                    |                  |             |  |