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| No. W 132611 | | Due no later than Dec 31, 2014 | | 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. APM RETIREMENT PLAN, LLC PO BOX 1785 TWIN FALLS ID 83303 | | MITCH R CAMPBELL 3502 N 3000 E TWIN FALLS 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 | |
| MEMBER | MITCH R CAMPBELL | P.O. BOX 1785 | TWIN FALLS | ID | USA | 83303-4962 | |
| 5. Organized Under the Laws of: ID W 132611 | | 6. Annual Report must be signed.* Signature: MITCH R CAMPBELL Name (type or print): MITCH R CAMPBELL Date: 01/15/2015 Title: MANAGER | | | | | |
| Processed 01/15/2015 | | * Electronically provided signatures are accepted as original signatures. | | | | | |