| No. W 12992 | | Due no later than Sep 30, 2015 | | 2 | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|------------------|--|--------------------------------------|---|---|-------|---------|-------------|
| Return to: | | Annual Report Form | | | MICHAEL J JENSEN | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. SUEMAC, L.L.C. MICHAEL J. JENSEN 624 W 100 S BLACKFOOT ID 83221 | | | 624 W 100 S BLACKFOOT ID 83221 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | USA | | | | | | |
| 4. Limited Liability Compa | anies: Enter Nai | mes and Addresse | s of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | | City | State | Country | Postal Code |
| MANAGER | MICHAEL J | JENSEN | 624 W. 100 S. | | BLACKFOOT | ID | | 83221 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID W 12992 | | Signature: Michael J. Jensen | | | Date: 07/21/2015 | | | |
| | | Name (type or print): Michael J. Jensen | | | Title: Manager | | | |
| Processed 07/21/2015 | | * Electronically provided signatures are accepted as original signatures. | | | | | | |