

|  |                |   |       |  |                     |
|--|----------------|---|-------|--|---------------------|
| No. <b>W 28958</b>   |                | <b>Due no later than Mar 31, 2016</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><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>V.M.A. LLC<br>JANET MCFADDEN<br>7085 W OVERLAND RD<br>BOISE ID 83709-1910 |       | JOHN J MCFADDEN<br>7085 W OVERLAND RD<br>BOISE ID 83709-1910 |                     |
|  |                |   |       | 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   | JOHN MCFADDEN  | 4274 E APHRODITE CT   | BOISE | ID   | 83716               |
| MEMBER   | JANET MCFADDEN | 4274 E APHRODITE CT   | BOISE | ID   | 83716               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 28958</b>   |                | 6. Annual Report must be signed.*<br>Signature: Janet McFadden<br>Name (type or print): Janet McFadden<br>Date: 01/23/2016<br>Title: Member                                 |       |  |                     |
| Processed 01/23/2016   |                | * Electronically provided signatures are accepted as original signatures.   |       |  |                     |