

No. W 126732		Due no later than Jul 31, 2014 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		1. Mailing Address: Correct in this box if needed. AMHERST MADISON, LLC NICK C SCHLEKEWAY 2011 NORTH LOCUST GROVE ROAD MERIDIAN ID 83646		STEVEN A CAPORALE 2011 N LOCUST GROVE RD MERIDIAN ID 83646			
NO FILING FEE IF RECEIVED BY DUE DATE				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	STEVEN A CAPORALE	737 E KAIBAB TRAIL DR	MERIDIAN	ID	USA	83646	
MANAGER	NICK C SCHLEKEWAY	372 S EAGLE RD #304	EAGLE	ID	USA	83616	
5. Organized Under the Laws of: ID W 126732		6. Annual Report must be signed.* Signature: Nick Schlekeway Name (type or print): Nick Schlekeway					
		Date: 05/15/2014 Title: Manager					
Processed 05/15/2014 * Electronically provided signatures are accepted as original signatures.							