

|                                                                                                                                                        |                |                                                                                                                                              |       |                                                    |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------|---------|-------------|--|
| No. <b>W 73517</b>                                                                                                                                     |                | <b>Due no later than Apr 30, 2012</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>                                                                                                                    |       | MIKE A STEVENS<br>3977E 170N<br>RIGBY ID 83442     |         |             |  |
|                                                                                                                                                        |                | <b>1. Mailing Address: Correct in this box if needed.</b><br>M & J LLC<br>MIKE A STEVENS<br>PO BOX 180<br>RIGBY ID 83442<br>USA              |       | 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                                                                                                                                                | MIKE A STEVENS | PO BOX 180                                                                                                                                   | RIGBY | ID                                                 | USA     | 83442       |  |
| MEMBER                                                                                                                                                 | JILL P STEVENS | PO BOX 180                                                                                                                                   | RIGBY | ID                                                 | USA     | 83442       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 73517</b>                                                                                           |                | 6. Annual Report must be signed.*<br>Signature: Mike A Stevens<br>Name (type or print): Mike A Stevens<br>Date: 05/16/2012<br>Title: Manager |       |                                                    |         |             |  |
| Processed 05/16/2012                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                    |       |                                                    |         |             |  |