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| No. W 46440 | | Due no later than Jan 31, 2015 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. TOM AMEN, LLC TOM AMEN 335 SKYLINE DR POCATELLO ID 83204 | | TOM AMEN 335 SKYLINE DR POCATELLO 83204 | | | |
| 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 MANAGER | Name TOM AMEN | Street or PO Address 335 SKYLINE DR | | City POCATELLO | State ID | Country | Postal Code 83204 |
| 5. Organized Under the Laws of: ID W 46440 | | 6. Annual Report must be signed.* Signature: Tom Amen Name (type or print): Tom Amen Date: 12/10/2014 Title: owner | | | | | |
| Processed 12/10/2014 * Electronically provided signatures are accepted as original signatures. | | | | | | | |