

No. W 111926		Due no later than Mar 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. MOUNTAIN MAMAS, L.L.C. KRISTA L NICHOLS P.O BOX 293 RIGBY ID 83442		KRISTA L NICHOLS 8262 N 5TH W IDAHO FALLS ID 83401-5644			
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 KRISTA L NICHOLS	Street or PO Address P.O. BOX 293		City RIGBY	State ID	Country USA	Postal Code 83442
5. Organized Under the Laws of: ID W 111926		6. Annual Report must be signed.* Signature: Krista L. Nichols Name (type or print): Krista L. Nichols Date: 05/07/2014 Title: Manager					
Processed 05/07/2014 * Electronically provided signatures are accepted as original signatures.							