No. **W 18386**	**Due no later than Mar 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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** MCMASTER EQUIPMENT, LLC LYNN S MCMASTER 3145 N 3500 E KIMBERLY ID 83341	LYNN S MCMASTER 3145 N 3500 E KIMBERLY 83341 3. New 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	LYNN S MCMASTER	3145 N 3500 E	KIMBERLY	ID		83341
MEMBER	KATHY A MCMASTER	3145 N 3500 E	KIMBERLY	ID	USA	83341

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 18386**	Signature: Kathy McMaster	Date: 01/17/2015
	Name (type or print): Kathy McMaster	Title: member

Processed 01/17/2015

* Electronically provided signatures are accepted as original signatures.