

No. W 120002		Due no later than Dec 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. MAHATMAMA LLC BEN SINNAMON 929 EASTRIDGE DR HAILEY ID 83333		BEN SINNAMON 929 EASTRIDGE DR HAILEY ID 83333			
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 MEMBER	Name BEN SINNAMON	Street or PO Address 929 EASTRIDGE DR.		City HAILEY	State ID	Country USA	Postal Code 83333
5. Organized Under the Laws of: ID W 120002	6. Annual Report must be signed.* Signature: Ben Sinnamon Name (type or print): Ben Sinnamon Date: 10/15/2015 Title: Member						
Processed 10/15/2015		* Electronically provided signatures are accepted as original signatures.					