

|                                                                                                                                                        |                            |                                                                                                                    |        |                                                              |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------|---------|------------------|--|
| No. <b>W 128125</b>                                                                                                                                    |                            | <b>Due no later than Aug 31, 2015</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>1. Mailing Address: Correct in this box if needed.</b><br><br>HUDSON PARK LLC<br>PO BOX 1478<br>HAYDEN ID 83835 |        | MARYANN PRESCOTT<br>8421 N GOVERNMENT WAY<br>HAYDEN ID 83835 |         |                  |  |
|                                                                                                                                                        |                            |                                                                                                                    |        | 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      |  |
| MEMBER                                                                                                                                                 | COMMONWEALTH AGENCY INC    | PO BOX 1478                                                                                                        | HAYDEN | ID                                                           | USA     | 83835            |  |
| MEMBER                                                                                                                                                 | HUDSON PARK ASSOCIATES LLC | PO BOX 1478                                                                                                        | HAYDEN | ID                                                           | USA     | 83835            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                            | 6. Annual Report must be signed.*                                                                                  |        |                                                              |         |                  |  |
| <b>ID<br/>W 128125</b>                                                                                                                                 |                            | Signature: Maryann Prescott                                                                                        |        |                                                              |         | Date: 08/28/2015 |  |
|                                                                                                                                                        |                            | Name (type or print): Maryann Prescott                                                                             |        |                                                              |         | Title: Manager   |  |
| Processed 08/28/2015                                                                                                                                   |                            | * Electronically provided signatures are accepted as original signatures.                                          |        |                                                              |         |                  |  |