No. W 20619		Due no later than Sep 30, 2013 Annual Report Form 1. Mailing Address: Correct in this box if needed. HALLMEN, LLC DAVID HALLMEN 3026 E SHADOWWOLF DR EAGLE ID 83616		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				3026 E SHA EAGLE ID	DAVID HALLMEN 3026 E SHADDOWWOLF DR EAGLE ID 83616 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		mes and Addresses of at	least one Member or Manager					
Office Held	Name	ries and ridaresses or de	Street or PO Address	City	State	Country	Postal Code	
MANAGER DAVID HALLI		MEN	3026 E. SHADOWWOLF DR.	EAGLE	ID	USA	83636	
5. Organized Under the Laws of: ID W 20619		6. Annual Report must Signature: David R H Name (type or print)		Date: 09/29/2013 Title: Manager				
Processed 09/29/2013 * Electronically provided signatures are accepted as original signatures.								