

|                                                                                                                                                        |               |                                                                                                                                                    |                    |                                                                   |         |                         |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------------|---------|-------------------------|--|
| No. <b>J 2120</b>                                                                                                                                      |               | <b>Due no later than Nov 30, 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>HARD TRIGGER LLP<br>STEVE GIVENS<br>11309 STATE HWY 78<br>GIVENS HOT SPRINGS ID 83641 |                    | STEVE GIVENS<br>11309 STATE HWY 78<br>GIVENS HOT SPRINGS ID 83641 |         |                         |  |
|                                                                                                                                                        |               |                                                                                                                                                    |                    | 3. <u>New</u> Registered Agent Signature:*                        |         |                         |  |
| 4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.                                                     |               |                                                                                                                                                    |                    |                                                                   |         |                         |  |
| Office Held                                                                                                                                            | Name          | Street or PO Address                                                                                                                               | City               | State                                                             | Country | Postal Code             |  |
| PARTNER                                                                                                                                                | STEVE GIVENS  | 11309 STATE HWY 78                                                                                                                                 | GIVENS HOT SPRINGS | ID                                                                | USA     | 83641                   |  |
| PARTNER                                                                                                                                                | NADINE GIVENS | 11309 STATE HWY 78                                                                                                                                 | GIVENS HOT SPRINGS | ID                                                                | USA     | 83641                   |  |
| 5. Organized Under the Laws of:                                                                                                                        |               | 6. Annual Report must be signed.*                                                                                                                  |                    |                                                                   |         |                         |  |
| <b>ID<br/>J 2120</b>                                                                                                                                   |               | Signature: Steve Givens                                                                                                                            |                    |                                                                   |         | Date: 09/17/2015        |  |
|                                                                                                                                                        |               | Name (type or print): Steve Givens                                                                                                                 |                    |                                                                   |         | Title: Registered Agent |  |
| Processed 09/17/2015                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                          |                    |                                                                   |         |                         |  |