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|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------------------|---------|-------------|--|
| No. <b>W 155242</b>                                                                                                                                    |                     | <b>Due no later than Aug 31, 2016</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>HANGIN FIR TRADING POST LLC<br>TRENTON R BARNES<br>102 CENTER ST<br>PO BOX 402<br>MCCAMMON ID 83250 |          | TRENTON BARNES<br>102 CENTER ST<br>MCCAMMON ID 83250 |         |             |  |
|                                                                                                                                                        |                     |                                                                                                                                                                                                       |          | 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 |  |
| MANAGER                                                                                                                                                | SHANELL DIANE HULET | 102 CENTER PO BOX 402                                                                                                                                                                                 | MCCAMMON | ID                                                   | USA     | 83250       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 155242</b>                                                                                          |                     | 6. Annual Report must be signed.*<br>Signature: TRENTON BARNES<br>Name (type or print): TRENTON BARNES<br>Date: 08/31/2016<br>Title:                                                                  |          |                                                      |         |             |  |
| Processed 08/31/2016                                                                                                                                   |                     | * Electronically provided signatures are accepted as original signatures.                                                                                                                             |          |                                                      |         |             |  |