

|                                                                                                                                                        |                  |                                                                                                                                                                       |        |                                                         |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------------------------------------------------------|---------|-------------|--|
| No. <b>C 154692</b>                                                                                                                                    |                  | <b>Due no later than May 31, 2014</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>HUNTER SERVICE SPECIALISTS, INC.<br>AARON M GWIN<br>1168 W DAKOTA AVE<br>HAYDEN LAKE ID 83835<br>USA |        | AARON GWIN<br>1168 W DAKOTA AVE<br>HAYDEN LAKE ID 83835 |         |             |  |
|                                                                                                                                                        |                  |                                                                                                                                                                       |        | 3. <u>New</u> Registered Agent Signature:*              |         |             |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |                  |                                                                                                                                                                       |        |                                                         |         |             |  |
| Office Held                                                                                                                                            | Name             | Street or PO Address                                                                                                                                                  | City   | State                                                   | Country | Postal Code |  |
| SECRETARY                                                                                                                                              | CHRISTINE M GWIN | 1168 W DAKOTA AVE                                                                                                                                                     | HAYDEN | ID                                                      | USA     | 83835       |  |
| PRESIDENT                                                                                                                                              | AARON M GWIN     | 1168 W DAKOTA AVE                                                                                                                                                     | HAYDEN | ID                                                      | USA     | 83835       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 154692</b>                                                                                          |                  | 6. Annual Report must be signed.*<br>Signature: Aaron Gwin<br>Name (type or print): Aaron Gwin<br>Date: 04/29/2014<br>Title: President                                |        |                                                         |         |             |  |
| Processed 04/29/2014                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                                             |        |                                                         |         |             |  |