

No. W 91529		Due no later than Mar 31, 2018		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. H.A.P.M., LLC TY WALKER 557 MARIAH AVE REXBURG ID 83440 USA		MIKEL WALKER 557 MARIAH AVE REXBURG ID 83440			
				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	MIKEL WALKER	123 MARIANNE DRIVE	REXBURG	ID	USA	83440	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 91529		Signature: Ty Walker				Date: 01/29/2018	
		Name (type or print): Ty Walker				Title: Director	
Processed 01/29/2018		* Electronically provided signatures are accepted as original signatures.					