

|                                                                                                                                                        |                               |                                                                                                                                                       |        |                                                                |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------------------|---------|------------------|--|
| No. <b>W 88564</b>                                                                                                                                     |                               | <b>Due no later than Nov 30, 2013</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>HB ENTERPRISES LLC<br>SUZANNE M INGLIS GEBHARDS<br>PO BOX 4391<br>MCCALL ID 83638<br>USA |        | SUZANNE M INGLIS GEBHARDS<br>13795 RAMOS CT<br>MCCALL ID 83638 |         |                  |  |
|                                                                                                                                                        |                               |                                                                                                                                                       |        | 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                                                                                                                                                | SUZANNE MARIE INGLIS GEBHARDS | PO BOX 4391                                                                                                                                           | MCCALL | ID                                                             | USA     | 83638            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                               | 6. Annual Report must be signed.*                                                                                                                     |        |                                                                |         |                  |  |
| <b>ID<br/>W 88564</b>                                                                                                                                  |                               | Signature: Suzanne Gebhards                                                                                                                           |        |                                                                |         | Date: 12/12/2013 |  |
|                                                                                                                                                        |                               | Name (type or print): Suzanne Gebhards                                                                                                                |        |                                                                |         | Title: Manager   |  |
| Processed 12/12/2013                                                                                                                                   |                               | * Electronically provided signatures are accepted as original signatures.                                                                             |        |                                                                |         |                  |  |