

|  |                    |  |             |  |         |             |  |
|--|--------------------|--|-------------|--|---------|-------------|--|
| No. <b>W 135031</b>  |                    | <b>Due no later than Mar 31, 2017</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>HOBBS RETREAT, LLC<br>SCOTT S HOBBS<br>2970 CECIL PL<br>IDAHO FALLS ID 83402 |             | SCOTT S HOBBS<br>2970 CECIL PL<br>IDAHO FALLS ID 83402 |         |             |  |
|  |                    |  |             | 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  | SCOTT STEVEN HOBBS | 2970 CECIL PLACE   | IDAHO FALLS | ID   | USA     | 83402       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 135031</b>  |                    | 6. Annual Report must be signed.*<br>Signature: scott<br>Name (type or print): scott<br>Date: 01/27/2017<br>Title: manager   |             |  |         |             |  |
| Processed 01/27/2017   |                    | * Electronically provided signatures are accepted as original signatures.  |             |  |         |             |  |