

No. W 62361		Due no later than May 31, 2018 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. SPRING HOLLOW LLC. SHAWN M HELM 841 MAPLE DR FISH HAVEN ID 83287		SHAD R HELM 841 MAPLE DR FISH HAVEN ID 83287			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name SHAWN M HELM	Street or PO Address 841 MAPLE DR		City FISH HAVEN	State ID	Country	Postal Code 83287
5. Organized Under the Laws of: ID W 62361		6. Annual Report must be signed.* Signature: Shawn M Helm Name (type or print): Shawn M Helm Date: 04/30/2018 Title: Member					
Processed 04/30/2018 * Electronically provided signatures are accepted as original signatures.							