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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------------------------------|---------|-------------|--|
| No. <b>W 38672</b>                                                                                                                                     |                              | <b>Due no later than Apr 30, 2016</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>HAWKINS-SMITH LLC, AN IDAHO LIMITED LIABILITY<br>COMPANY<br>ROB DICKINSON<br>855 BROAD STREET<br>SUITE 300<br>BOISE ID 83702-7153 |       | HAWKINS-SMITH MANAGEMENT INC<br>855 BROAD STREET STE 300<br>BOISE ID 83702 |         |             |  |
|                                                                                                                                                        |                              |                                                                                                                                                                                                |       | 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                                                                                                                                                | HAWKINS-SMITH MANAGEMENT INC | 855 W BROAD STREET SUITE 300                                                                                                                                                                   | BOISE | ID                                                                         |         | 83702       |  |
| MANAGER                                                                                                                                                | GARY R. HAWKINS              | 855 BROAD STREET SUITE 300                                                                                                                                                                     | BOISE | ID                                                                         | USA     | 83702       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 38672</b>                                                                                           |                              | 6. Annual Report must be signed.*<br>Signature: Gary R. Hawkins<br>Name (type or print): Gary R. Hawkins<br>Date: 03/25/2016<br>Title: Manager                                                 |       |                                                                            |         |             |  |
| Processed 03/25/2016                                                                                                                                   |                              | * Electronically provided signatures are accepted as original signatures.                                                                                                                      |       |                                                                            |         |             |  |