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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------|--------|-----------------------------------------------------|---------|------------------|--|
| No. <b>W 45615</b>                                                                                                                                     |                | <b>Due no later than Dec 31, 2015</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>HAIRBALL HOTEL, LLC<br>RUSSELL G HERMAN<br>P.O. BOX 412<br>VICTOR ID 83455<br>USA |        | RUSSELL G HERMAN<br>44 DEPOT WAY<br>VICTOR ID 83455 |         |                  |  |
|                                                                                                                                                        |                |                                                                                                                                                |        | 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                                                                                                                                                | RUSSELL HERMAN | PO BOX 412                                                                                                                                     | VICTOR | ID                                                  | USA     | 83455            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                | 6. Annual Report must be signed.*                                                                                                              |        |                                                     |         |                  |  |
| <b>ID<br/>W 45615</b>                                                                                                                                  |                | Signature: Russell Herman                                                                                                                      |        |                                                     |         | Date: 10/19/2015 |  |
|                                                                                                                                                        |                | Name (type or print): Russell Herman                                                                                                           |        |                                                     |         | Title: Manager   |  |
| Processed 10/19/2015                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                      |        |                                                     |         |                  |  |