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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------------|---------|------------------|--|
| No. <b>W 151730</b>                                                                                                                                    |           | <b>Due no later than May 31, 2018</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>HCB, LLC<br>HAL C BAIRD<br>4280 E AMITY STE 102<br>NAMPA ID 83687 |       | HAL BAIRD<br>4280 E AMITY SUITE 105<br>NAMPA ID 83687-8368 |         |                  |  |
|                                                                                                                                                        |           |                                                                                                                                                                     |       | 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      |  |
| MEMBER                                                                                                                                                 | HAL BAIRD | 4280 E. AMITY SUITE 105                                                                                                                                             | NAMPA | ID                                                         | USA     | 83687            |  |
| 5. Organized Under the Laws of:                                                                                                                        |           | 6. Annual Report must be signed.*                                                                                                                                   |       |                                                            |         |                  |  |
| <b>ID<br/>W 151730</b>                                                                                                                                 |           | Signature: michelle elizondo                                                                                                                                        |       |                                                            |         | Date: 04/26/2018 |  |
|                                                                                                                                                        |           | Name (type or print): michelle elizondo                                                                                                                             |       |                                                            |         | Title: licensing |  |
| Processed 04/26/2018                                                                                                                                   |           | * Electronically provided signatures are accepted as original signatures.                                                                                           |       |                                                            |         |                  |  |