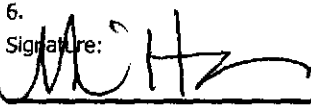


<b>No. W 150714</b>  Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>Due no later than May 31, 2018</b> <b>Annual Report Form</b>	2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> MIRANDA HAMILTON 8246 N GOVERNMENT WAY HAYDEN ID 83835  3. <u>New</u> Registered Agent Signature.																																			
1. <b>Mailing Address: Correct in this box if needed.</b> HAMILTON AGENCY L.L.C. (THE) PO BOX 1904 HAYDEN ID 83835																																					
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Miranda Hamilton</td> <td>8246 N Government Way</td> <td>Hayden</td> <td>ID</td> <td></td> <td>83835</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	Miranda Hamilton	8246 N Government Way	Hayden	ID		83835	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  <div style="text-align: center;"> <b>IDAHO</b>  <b>W 150714</b> </div>	6. Signature:  Date: <u>5.15.18</u> Name (type or print): <u>Miranda Hamilton</u> Title: <u>Agent/owner</u>																																				

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**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**