

|  |               |  |       |   |         |                  |  |
|--|---------------|--|-------|---|---------|------------------|--|
| No. <b>W 162597</b>  |               | <b>Due no later than Feb 28, 2017</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><br>MIVAS, LLC<br>TRAVIS B HAWKES<br>439 E SHORE DR STE 100<br>EAGLE ID 83616 |       | TRAVIS B HAWKES<br>439 E SHORE DR STE 100<br>EAGLE ID 83616 |         |                  |  |
|  |               |  |       | 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   | TRAVIS HAWKES | 439 E. SHORE DRIVE STE 100   | EAGLE | ID  | USA     | 83616            |  |
| 5. Organized Under the Laws of:  |               | 6. Annual Report must be signed.*  |       |   |         |                  |  |
| <b>ID<br/>W 162597</b>   |               | Signature: Travis Hawkes   |       |   |         | Date: 12/22/2016 |  |
|  |               | Name (type or print): Travis Hawkes  |       |   |         | Title: member    |  |
| Processed 12/22/2016   |               | * Electronically provided signatures are accepted as original signatures.  |       |   |         |                  |  |