

|                                                                                                                                                        |               |                                                                                                                                                                                  |       |                                                      |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------|---------|-------------|--|
| No. <b>W 76317</b>                                                                                                                                     |               | <b>Due no later than Jul 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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>HOBBS HOMES LLC<br>LARRY K HOBBS<br>3942 N FARADAY PL<br>BOISE ID 83713<br>USA |       | LARRY K HOBBS<br>3942 N FARADAY PL<br>BOISE ID 83713 |         |             |  |
|                                                                                                                                                        |               |                                                                                                                                                                                  |       | 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                                                                                                                                                 | LARRY K HOBBS | 3942 N. FARADAY PL                                                                                                                                                               | BOISE | ID                                                   | USA     | 83713-1946  |  |
| MEMBER                                                                                                                                                 | VICKI HOBBS   | 3942 N FARADAY PLACE                                                                                                                                                             | BOISE | ID                                                   | USA     | 83713       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 76317</b>                                                                                           |               | 6. Annual Report must be signed.*<br>Signature: vicki hobbs<br>Name (type or print): vicki hobbs<br>Date: 06/19/2015<br>Title: member                                            |       |                                                      |         |             |  |
| Processed 06/19/2015                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                                                        |       |                                                      |         |             |  |