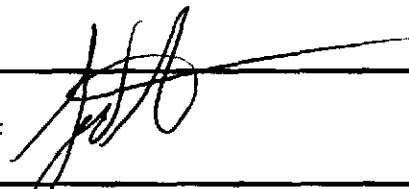


| | | | | | | |
|--|---|--|--|--------------|----------------|--------------------|
| No. W 19735 | Due no later than Jun 30, 2015 Annual Report Form | | 2. Registered Agent and Office (NOT A P.O. BOX) TODD SUTPHEN 6711 SAXTON AVE BOISE ID 83703 | | | |
| Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | 1. Mailing Address: Correct in this box if needed. HAIREM, LLC (THE) 6711 SAXTON AVE BOISE ID 83714 | | 3. <u>New</u> Registered Agent Signature. | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. | | | | | | |
| Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code |
| Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> | Todd Sutphen 6711 Saxton Ave Boise ID USA 83714 | | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | |
| 5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; font-size: 1.2em;"> IDAHO W 19735 </div> | | 6. Signature:  <hr/> Name (type or print): <u>Todd S Sutphen</u> <hr/> Date: <u>5/20/15</u> <hr/> Title: <u>Mgr</u> | | | | |
| Issued 04/30/2015 by JL1 | | | | 107231 | | |

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM