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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------------------------------------------------|---------|------------------|--|
| No. <b>W 132551</b>                                                                                                                                    |                        | <b>Due no later than Dec 31, 2016</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>HD OVERDRIVE, LLC<br>RADO ANDRIANOMEARISATA<br>235 CAMARILLO WAY<br>TWIN FALLS ID 83301 |            | RADO ANDRIANOMEARISATA<br>235 CAMARILLO WAY<br>TWIN FALLS ID 83301-8330 |         |                  |  |
|                                                                                                                                                        |                        |                                                                                                                                                                                           |            | 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      |  |
| MANAGER                                                                                                                                                | RADO ANDRIANOMEARISATA | 235 CAMARILLO WAY                                                                                                                                                                         | TWIN FALLS | ID                                                                      | USA     | 83301            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                        | 6. Annual Report must be signed.*                                                                                                                                                         |            |                                                                         |         |                  |  |
| <b>ID<br/>W 132551</b>                                                                                                                                 |                        | Signature: Rado Andrianomearisata                                                                                                                                                         |            |                                                                         |         | Date: 01/11/2017 |  |
|                                                                                                                                                        |                        | Name (type or print): Rado Andrianomearisata                                                                                                                                              |            |                                                                         |         | Title: OWNER     |  |
| Processed 01/11/2017                                                                                                                                   |                        | * Electronically provided signatures are accepted as original signatures.                                                                                                                 |            |                                                                         |         |                  |  |