


| | | | |
|--|--|--|---|
| No. W 133338 | Due no later than Jan 31, 2016 Annual Report Form | | 2. Registered Agent and Office (NOT A P.O. BOX) CASEY JONES 340 S MAIN ST PAYETTE ID 83661 |
| Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 | 1. Mailing Address: Correct in this box if needed. HAWKS NATION, LLC CASEY JONES 340 S MAIN ST PAYETTE ID 83661 | | 3. <u>New</u> Registered Agent Signature. |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | |

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"/> | Casey Jones | 614 S Park St | Payette | ID | Payette | 83661 |
| 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-size: 1.2em;"> IDAHO W 133338 </div> | 6. Signature:  <hr/> Name (type or print): <u>Casey K Jones</u> | Date: <u>12-2-15</u> <hr/> Title: <u>Pres Owner</u> |
|--|--|--|