

| | | | | | | | |
|--|-------------------|--|------------|--|-------------------------|-------------|--|
| No. W 33828 | | Due no later than Oct 31, 2013 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | 1. Mailing Address: Correct in this box if needed. HAP, L.L.C. JEFFREY M WILSON P O BOX 1544 BOISE ID 83702 | | JEFFREY M WILSON 3858 N. GARDEN CENTER WAY SUITE 200 BOISE ID 83703 | | | |
| | | | | 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 | HARVEY PLUMMER | 705 QUINCY | TWIN FALLS | ID | USA | 83301 | |
| MEMBER | MARY ANN PLUMMBER | 705 QUINCY | TWIN FALLS | ID | USA | 83301 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID W 33828 | | Signature: Jeffrey M Wilson | | | Date: 08/08/2013 | | |
| | | Name (type or print): Jeffrey M Wilson | | | Title: Registered Agent | | |
| Processed 08/08/2013 | | * Electronically provided signatures are accepted as original signatures. | | | | | |