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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------------------------------------------------|---------------------|
| No. <b>W 1730</b>                                                                                                                                      |                 | <b>Due no later than Nov 30, 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>1. Mailing Address: Correct in this box if needed.</b><br><br>HIATT FAMILY L.L.C.<br>LINDA G HIATT<br>6670 BUCHANAN ST<br>BONNERS FERRY ID 83805 |               | WENDY L HAWKS<br>105 PONDEROSA WAY<br>BONNERS FERRY ID 83805 |                     |
|                                                                                                                                                        |                 |                                                                                                                                                     |               | 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                                                                                                                                                 | LINDA G HIATT   | PO BOX 654                                                                                                                                          | BONNERS FERRY | ID                                                           | 83805               |
| MEMBER                                                                                                                                                 | WILLIAM L HIATT | PO BOX 654                                                                                                                                          | BONNERS FERRY | ID                                                           | 83805               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 1730</b>                                                                                            |                 | 6. Annual Report must be signed.*<br>Signature: LINDA Hiatt<br>Name (type or print): LINDA Hiatt<br>Date: 01/13/2016<br>Title: Partner              |               |                                                              |                     |
| Processed 01/13/2016                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                           |               |                                                              |                     |