No. W 114931		no later than Jun 30, 2013	2. Registered Agent and Address (NO PO BOX)				
Return to:	A	Annual Report Form		JARED HAWKES			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	HAWKES HEALT JARED HAWKES 1848 12TH ST IDAHO FALLS II	IDAHO FALLS ID 83404		1848 12TH ST IDAHO FALLS ID 83404 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	USA						
4. Limited Liability Companies: En	ter Names and Addresses	of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER JARED	MELVIN HAWKES	1848 12TH ST	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of:	6. Annual Report r	6. Annual Report must be signed.*					
ID	Signature: Jare	Signature: Jared Hawkes		Date: 04/25/2013			
W 114931	Name (type or p	Name (type or print): Jared Hawkes		Title: Manager			
Processed 04/25/2013	* Electronically pro	* Electronically provided signatures are accepted as original signatures.					