

|                                                                                                                                                        |             |                                                                                                                                                    |            |                                                         |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------------------------------------------------|---------|-------------|--|
| No. <b>W 12999</b>                                                                                                                                     |             | <b>Due no later than Sep 30, 2014</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>HOMEFRONT ENTERPRISES, LLC<br>L TODD AMES<br>778 CARRIAGE LN N<br>TWIN FALLS ID 83301 |            | L TODD AMES<br>778 CARRIAGE LN N<br>TWIN FALLS ID 83301 |         |             |  |
|                                                                                                                                                        |             |                                                                                                                                                    |            | 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                                                                                                                                                 | L TODD AMES | 778 CARRIAGE LN N                                                                                                                                  | TWIN FALLS | ID                                                      | USA     | 83301       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 12999</b>                                                                                           |             | 6. Annual Report must be signed.*<br>Signature: L. Todd Ames<br>Name (type or print): L. Todd Ames<br>Date: 07/16/2014<br>Title: Member            |            |                                                         |         |             |  |
| Processed 07/16/2014                                                                                                                                   |             | * Electronically provided signatures are accepted as original signatures.                                                                          |            |                                                         |         |             |  |