

|                                                                                                                                                        |                 |                                                                                                                                                                              |       |                                                    |         |                |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------|---------|----------------|--|
| No. <b>W 71603</b>                                                                                                                                     |                 | <b>Due no later than Feb 28, 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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>HEFNER'S CLASSICS LLC<br>JEREMY M HEFNER<br>1216 RUTH LN<br>NAMPA ID 83686 |       | JEREMY HEFNER<br>1216 RUTH LN<br>NAMPA ID 83686    |         |                |  |
|                                                                                                                                                        |                 |                                                                                                                                                                              |       | 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    |  |
| MANAGER                                                                                                                                                | JEREMY M HEFNER | 1216 RUTH LN                                                                                                                                                                 | NAMPA | ID                                                 | USA     | 83686          |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 71603</b>                                                                                           |                 | 6. Annual Report must be signed.*<br>Signature: Jeremy Hefner<br>Name (type or print): Jeremy Hefner                                                                         |       |                                                    |         |                |  |
|                                                                                                                                                        |                 |                                                                                                                                                                              |       | Date: 01/05/2014                                   |         | Title: Manager |  |
| Processed 01/05/2014                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                                    |       |                                                    |         |                |  |