No. W 38420		Due no later than Apr 30, 2017		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. LOST HAT ENTERPRISES, LLC NEAL C HOCKLANDER P.O. BOX 87		1819 SOUTH	NEAL C HOCKLANDER 1819 SOUTH 1800 EAST GOODING ID 83330			
NO FILING FEE IF RECEIVED BY DUE DATE		GOODING ID 83330-0087		3. <u>New</u> Registe	3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Compan	ies: Enter Nar	nes and Addresses of	f at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER MEMBER	NEAL C HOO JACQUELINE	CKLANDER S HOCKLANDER	P.O. BOX 87 P.O. BOX 87	GOODING GOODING	ID ID		83330 83330	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Neal C		Date: 02/22/2017				
W 38420		Name (type or pr		Title: Member				
Processed 02/22/2017 * Electronically provided signatures are accepted as original signatures.								