| No. <b>W 53925</b>   |                               | Due i   | 2. Registered Agent and Address (NO PO BOX)         |  |          |            |                          |                          |                   |                   |                                    |      |       |         |             |
|--|-------------------------------|---|---|--|----------|------------|--------------------------|--------------------------|-------------------|-------------------|------------------------------------|------|-------|---------|-------------|
| Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE |                               | Annual Report Form  1. Mailing Address: Correct in this box if needed.  CPMJ INVESTMENTS LLC  ROB G DICKINSON  855 BROAD STREET  SUITE 300  BOISE ID 83702-7154 |   | HAWKINS COMMERCIAL REGISTERED 855 W BROAD ST STE 300 BOISE ID 83702  3. New Registered Agent Signature:* |          |            |                          |                          |                   |                   |                                    |      |       |         |             |
|  |                               |   |   |  |          |            |                          | 4. Limited Liability Com | npanies: Enter Na | mes and Addresses | of at least one Member or Manager. |      |       |         |             |
|  |                               |   |   |  |          |            |                          | Office Held              | Name              |                   | Street or PO Address               | City | State | Country | Postal Code |
| Manager<br>Manager   | COLBY HALKER<br>PAUL STEPHENS |   | 855 W BROAD STREET<br>855 W. BROAD STREET SUITE 300 | BOISE<br>BOISE   | ID<br>ID | USA<br>USA | 83702-7154<br>83702-7154 |                          |                   |                   |                                    |      |       |         |             |
| 5. Organized Under the Laws of:  |                               | 6. Annual Report must be signed.*   |   |  |          |            |                          |                          |                   |                   |                                    |      |       |         |             |
| ID   |                               | Signature: Cathy  | Date: 07/30/2018                                    |  |          |            |                          |                          |                   |                   |                                    |      |       |         |             |
| W 53925  |                               | Name (type or print): Cathy Tomlinson   |   | Title: Authorized Agent  |          |            |                          |                          |                   |                   |                                    |      |       |         |             |
| Processed 07/30/2018   |                               | * Electronically prov   | ided signatures are accepted as original sig        | natures.   |          |            |                          |                          |                   |                   |                                    |      |       |         |             |