No. W 37418 Return to:			Due no later than Mar 31, 2016 Annual Report Form	2. Registered Agent and Address (NO PO BOX) MICHAEL H CLAY 250 NORTH CENTER ST OROFINO ID 83544 3. New Registered Agent Signature:*				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		HMC, L.L. PO BOX 7						
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compan	ies: Enter	Names and Add	resses of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER MEMBER	SANDRA MICHAEL	J. CLAY H. CLAY	P.O. BOX 784 P.O. BOX 784	OROFINO OROFINO	ID ID	USA USA	83544 83544	
5. Organized Under the Laws of:		6. Annual R	6. Annual Report must be signed.*					
ID W 37418		Signature	e: Michael H. Clay	Date: 03/21/2016				
		Name (ty	/pe or print): Michael H. Clay	Title: Member				
Processed 03/21/2016	* Electronically provided signatures are accepted as original signatures.							