

No. W 138272		Due no later than May 31, 2015		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. HAWKEYE MEDICAL, LLC SAM A LEMMON 1518 E SOUTH SLOPE RD EMMETT ID 83617 USA		SAMUEL LEMMON 1518 E SOUTH SLOPE RD EMMETT ID 83617			
				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	SAM A LEMMON	1518 EAST SOUTH SLOPE	EMMETT	ID	USA	83617	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 138272		Signature: sam lemmon				Date: 07/30/2015	
		Name (type or print): sam lemmon				Title: owner	
Processed 07/30/2015		* Electronically provided signatures are accepted as original signatures.					