No. W 46899		ue no later than Jan 31, 2017 2. Registered Agent and Address			ddress (NO I	PO BOX)	
Return to:		Annual Report Form		MARK A HAMPE			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	HG INVESTM MARK A HA 4971 E. INVE	MPE RNESS DRIVE	4971 E. INVERNESS DRIVE POST FALLS ID 83854 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE	FOSTTALLS	POST FALLS ID 83854		S. <u>11011</u> Registered Agent Signature.			
4. Limited Liability Companies: Enter I	Names and Address	ses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER MARK A MEMBER JONATHAN	Hampe N P Gamble	4971 E. INVERNESS DRIVE 9263 W MICHAEL WAY	POST FALLS COEUR D'ALENE	ID ID		83854 83814	
5. Organized Under the Laws of: 6. Annual Report m		rt must be signed.*					
ID Signature: Ma		lark A Hampe	Date: 02/18/2017				
W 46899	Name (type	Name (type or print): Mark A Hampe		Title: Member			
Processed 02/18/2017	* Electronically	* Electronically provided signatures are accepted as original signatures.					