No. **W 8442**	**Due no later than Apr 30, 2016** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** HCWT, LC HEBER L ANDRUS 329 S WOODRUFF IDAHO FALLS ID 83401	WINSTON V BEARD 2105 CORONADO ST IDAHO FALLS ID 83404 3. New 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
MEMBER	HEBER L ANDRUS	5734 N 25TH E	IDAHO FALLS	ID		83401

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 8442**	Signature: HEBER ANDRUS	Date: 04/28/2016
	Name (type or print): HEBER ANDRUS	Title: MEMBER

Processed 04/28/2016

* Electronically provided signatures are accepted as original signatures.