

No. W 20619	Due no later than Sep 30, 2010 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) DAVID HALLMEN 3026 E SHADDOWWOLF DR EAGLE ID 83616															
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. HALLMEN, LLC DAVID HALLMEN 3026 E. SHADOWWOLF DR. EAGLE ID 83616		3. <u>New</u> Registered Agent Signature.															
	4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. <table border="1"><thead><tr><th>Office Held</th><th>Name</th><th>Street or PO Address</th><th>City</th><th>State</th><th>Country</th><th>Postal Code</th></tr></thead><tbody><tr><td>MANAGER</td><td>David Hallmen</td><td>3026 E Shadowwolf Dr.</td><td>Eagle ID</td><td>USA</td><td></td><td>83616</td></tr></tbody></table>					Office Held	Name	Street or PO Address	City	State	Country	Postal Code	MANAGER	David Hallmen	3026 E Shadowwolf Dr.	Eagle ID	USA	
Office Held	Name	Street or PO Address	City	State	Country	Postal Code												
MANAGER	David Hallmen	3026 E Shadowwolf Dr.	Eagle ID	USA		83616												
5. Organized Under the Laws of: IDAHO W 20619	6. <table border="1"><tr><td>Signature: <u>David Hallmen</u></td><td>Date: <u>9/27/2010</u></td></tr><tr><td>Name (type or print): <u>DAVID HALLMEN</u></td><td>Title: <u>MANAGER</u></td></tr></table>				Signature: <u>David Hallmen</u>	Date: <u>9/27/2010</u>	Name (type or print): <u>DAVID HALLMEN</u>	Title: <u>MANAGER</u>										
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