| No. W 3643 | | Due no la | 2. Registered Agent and Address (NO PO BOX) | | | | |
|--|---------------|--|---|---|-------|---------|-------------|
| Return to: | | Annual Report Form | | ROBERT PHILLIPS 855 W BROAD STREET SUITE 300 BOISE 83702-7153 | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. HAWKINS-SMITH & HAWKINS LLC ROB DICKINSON 855 W BROAD STREET | | | | | |
| NO FILING FEE IF | | SUITE 300 BOISE ID 83702-7153 | | 3. <u>New</u> Registered Agent Signature:* | | | |
| RECEIVED BY DUE DATE | | | | | | | |
| 4. Limited Liability Compar | ies: Enter Na | mes and Addresses of at | least one Member or Manager. | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code |
| MANAGER GARY HAWK | | KINS 855 W BROAD STREET SUITE 300 | | BOISE | ID | | 83702 |
| MANAGER HAWKINS SM | | AITH MANAGEMENT INC | 855 W. BROAD STREET SUITE 300 | BOISE | ID | | 83702 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID | | Signature: Robert Phillips | | Date: 01/21/2015 | | | |
| W 3643 | | Name (type or print): Robert Phillips | | Title: Registered Agent | | | |
| Processed 01/21/2015 | | * Electronically provided signatures are accepted as original signatures. | | | | | |