| No. <b>W 41816</b>   | Due no later than Aug 31, 2016  Annual Report Form  |                                    | 2. Registere      | 2. Registered Agent and Address (NO PO BOX) |         |             |  |
|--|---|------------------------------------|-------------------|---|---------|-------------|--|
| Return to:   |   |                                    |                   | MICHAEL J WALLINGFORD                       |         |             |  |
| SECRETARY OF STATE   | 1. Mailing Address: Correct in this box if needed.  H. I. INDUSTRIES, LLC.  MICHAEL J WALLINGFORD  4501 E BROOKLYN DR  NAMPA ID 83686 |                                    |                   | 4501 E BROOKLYN DR<br>NAMPA ID 83686        |         |             |  |
| 700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 |   |                                    | TVA II /A         |   |         |             |  |
|  |   |                                    | 3. <u>New</u> Reg | 3. New Registered Agent Signature:*         |         |             |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE                   |   |                                    |                   |   |         |             |  |
| 4. Limited Liability Companies: Enter Na                   | mes and Addresses of  | of at least one Member or Manager. |                   |   |         |             |  |
| Office Held Name   |   | Street or PO Address               | City              | State                                       | Country | Postal Code |  |
| MANAGER MICHAEL J  | WALLINGFORD   | 4501 E BROOKLYN DR                 | NAMPA             | ID  | USA     | 83686       |  |
| 5. Organized Under the Laws of:                            | 6. Annual Report m  |                                    |                   |   |         |             |  |
| ID   | Signature: Micha  |                                    | Date: 08/29/2016  |   |         |             |  |
| W 41816  | Name (type or print): Michael Wallingford   |                                    |                   | Title: Manager                              |         |             |  |
| Processed 08/29/2016                                       | * Electronically provided signatures are accepted as original signatures.   |                                    |                   |   |         |             |  |