

|                                                                                                                                                        |                |                                                                                                                                             |        |                                                    |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------|---------|-------------|--|
| No. <b>W 157629</b>                                                                                                                                    |                | <b>Due no later than Oct 31, 2018</b>                                                                                                       |        | 2. Registered Agent and Address <b>(NO PO BOX)</b> |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>HIDDEN LEAF 1005, LLC<br>2518 ALMO AVE<br>BURLEY ID 83318                  |        | BRENT C SKAGGS<br>2518 ALMO AVE<br>BURLEY ID 83318 |         |             |  |
|                                                                                                                                                        |                |                                                                                                                                             |        | 3. <u>New</u> 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                                                                                                                                                 | BRENT C SKAGGS | 2518 ALMO AVE                                                                                                                               | BURLEY | ID                                                 | USA     | 83318       |  |
| MEMBER                                                                                                                                                 | HIEDI W SKAGGS | 2518 ALMO AVE                                                                                                                               | BURLEY | ID                                                 | USA     | 83318       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 157629</b>                                                                                          |                | 6. Annual Report must be signed.*<br>Signature: BRENT C SKAGGS<br>Name (type or print): BRENT C SKAGGS<br>Date: 08/21/2018<br>Title: member |        |                                                    |         |             |  |
| Processed 08/21/2018                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                   |        |                                                    |         |             |  |