

No. <b>W 138272</b>		<b>Due no later than May 31, 2016</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> HAWKEYE MEDICAL, LLC SAM A LEMMON 4395 S. CRUZATTE LANE BOISE ID 83716 USA		SAMUEL LEMMON 4395 S. CRUZATTE LANE BOISE ID 83716			
				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	
MANAGER	SAM A LEMMON	4395 S. CRUZATTE LANE	BOISE	ID	USA	83716	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 138272</b>		Signature: Sam Lemmon				Date: 05/02/2016	
		Name (type or print): Sam Lemmon				Title: Manager	
Processed 05/02/2016		* Electronically provided signatures are accepted as original signatures.					