

|                                                                                                                                                        |               |                                                                            |        |                                                    |                  |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------------------------------------------------|--------|----------------------------------------------------|------------------|-------------|--|
| No. <b>W 152841</b>                                                                                                                                    |               | <b>Due no later than Jun 30, 2016</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>Annual Report Form</b>                                                  |        | TODD SLUSSER<br>714 G STREET<br>RUPERT ID 83350    |                  |             |  |
|                                                                                                                                                        |               | <b>1. Mailing Address: Correct in this box if needed.</b>                  |        | 3. <u>New</u> Registered Agent Signature:*         |                  |             |  |
|                                                                                                                                                        |               | HINDSIGHT HOLDINGS, LLC<br>TODD SLUSSER<br>714 G STREET<br>RUPERT ID 83350 |        |                                                    |                  |             |  |
| 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                                                                                                                                                | BILL WILLIAMS | 714 G STREET                                                               | RUPERT | ID                                                 | USA              | 83350       |  |
| 5. Organized Under the Laws of:                                                                                                                        |               | 6. Annual Report must be signed.*                                          |        |                                                    |                  |             |  |
| <b>ID<br/>W 152841</b>                                                                                                                                 |               | Signature: Todd Slusser                                                    |        |                                                    | Date: 05/12/2016 |             |  |
|                                                                                                                                                        |               | Name (type or print): Todd Slusser                                         |        |                                                    | Title: Manager   |             |  |
| Processed 05/12/2016                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.  |        |                                                    |                  |             |  |