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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------------|---------|-------------|--|
| No. <b>W 55415</b>                                                                                                                                     |                | <b>Due no later than Oct 31, 2012</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>HEVI HITTERS, LLC<br>CORRIE R HAMRICK<br>11368 W. CREEKRAPIDS DR.<br>STAR ID 83669<br>USA |          | CORRIE CROW<br>11368 W. CREEKRAPIDS DR.<br>STAR ID 83669 |         |             |  |
|                                                                                                                                                        |                |                                                                                                                                                            |          | 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                                                                                                                                                 | CORY A HAMRICK | 23301 TUNDRA CT.                                                                                                                                           | CALDWELL | ID                                                       | USA     | 83607       |  |
| MEMBER                                                                                                                                                 | CORRIE R CROW  | 23301 TUNDRA CT.                                                                                                                                           | CALDWELL | ID                                                       | USA     | 83607       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 55415</b>                                                                                           |                | 6. Annual Report must be signed.*<br>Signature: Corrie Crow-Hamrick<br>Name (type or print): Corrie Crow-Hamrick<br>Date: 10/16/2012<br>Title: Owner       |          |                                                          |         |             |  |
| Processed 10/16/2012                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                  |          |                                                          |         |             |  |