

|                                                                                                                                                        |              |                                                                                                                                           |        |                                                       |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------------------------------------------------------------------------------------------------------------------|--------|-------------------------------------------------------|---------|-------------|--|
| No. <b>W 108172</b>                                                                                                                                    |              | Due no later than Nov 30, 2014                                                                                                            |        | 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>HORIZON ENTERPRISES I, LLC<br>ALINE K GALE<br>120 LINE ST<br>MOSCOW ID 83843 |        | JACOB E REISENAUER<br>326 E 6TH ST<br>MOSCOW ID 83843 |         |             |  |
|                                                                                                                                                        |              |                                                                                                                                           |        | 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                                                                                                                                                 | ALINE K GALE | 120 LINE ST.                                                                                                                              | MOSCOW | ID                                                    | USA     | 83843       |  |
| 5. Organized Under the Laws of:<br><b>ID<br/>W 108172</b>                                                                                              |              | 6. Annual Report must be signed.*<br>Signature: Aline Gale<br>Name (type or print): Aline Gale                                            |        |                                                       |         |             |  |
| Date: 09/22/2014<br>Title: Member                                                                                                                      |              |                                                                                                                                           |        |                                                       |         |             |  |
| Processed 09/22/2014                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                 |        |                                                       |         |             |  |