

No. W 20619		Due no later than Sep 30, 2014		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. HALLMEN, LLC DAVID HALLMEN 3026 E SHADOWWOLF DR EAGLE ID 83616		DAVID HALLMEN 3026 E SHADOWWOLF DR EAGLE ID 83616			
				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	DAVID HALLMEN	3026 E. SHADOWWOLF DR.	EAGLE	ID	USA	83636	
5. Organized Under the Laws of: ID W 20619		6. Annual Report must be signed.* Signature: David R Hallmen Name (type or print): David R Hallmen Date: 08/26/2014 Title: Manager/Member					
Processed 08/26/2014		* Electronically provided signatures are accepted as original signatures.					