

|                                                                                                                                                        |                 |                                                                                                                                                            |         |                                                        |         |                       |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|--------------------------------------------------------|---------|-----------------------|--|
| No. <b>W 88483</b>                                                                                                                                     |                 | <b>Due no later than Nov 30, 2014</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>HEMMING VILLAGE HOLDINGS LLC<br>RICHIE WEBB<br>160 W 2ND S STE 200<br>REXBURG ID 83440<br>USA |         | RICHIE WEBB<br>160 W 2ND S STE 200<br>REXBURG ID 83440 |         |                       |  |
|                                                                                                                                                        |                 |                                                                                                                                                            |         | 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                                                                                                                                                | A. LANE HEMMING | 3113 WEST 1000 NORTH                                                                                                                                       | REXBURG | ID                                                     | USA     | 83440                 |  |
| 5. Organized Under the Laws of:                                                                                                                        |                 | 6. Annual Report must be signed.*                                                                                                                          |         |                                                        |         |                       |  |
| <b>ID<br/>W 88483</b>                                                                                                                                  |                 | Signature: Vicki Weekes                                                                                                                                    |         |                                                        |         | Date: 09/18/2014      |  |
|                                                                                                                                                        |                 | Name (type or print): Vicki Weekes                                                                                                                         |         |                                                        |         | Title: Office Manager |  |
| Processed 09/18/2014                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                  |         |                                                        |         |                       |  |