

|                                                                                                                                                        |                |                                                                                                                                               |       |                                                      |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------|---------|-------------|--|
| No. <b>W 30409</b>                                                                                                                                     |                | <b>Due no later than May 31, 2013</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>HEDERA HELIX, LLC<br>DEBOWDEN BAUER<br>445 MAIN ST<br>BOISE ID 83702-7244<br>USA |       | DEBOWDEN BAUER<br>445 MAIN ST<br>BOISE ID 83702-7544 |         |             |  |
|                                                                                                                                                        |                |                                                                                                                                               |       | 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                                                                                                                                                 | DEBOWDEN BAUER | 445 MAIN ST                                                                                                                                   | BOISE | ID                                                   | USA     | 83702       |  |
| MEMBER                                                                                                                                                 | GREG BAUER     | 445 MAIN ST                                                                                                                                   | BOISE | ID                                                   | USA     | 83702       |  |
| 5. Organized Under the Laws of:<br><b>ID<br/>W 30409</b>                                                                                               |                | 6. Annual Report must be signed.*<br>Signature: Debowden Bauer<br>Name (type or print): Debowden Bauer                                        |       |                                                      |         |             |  |
|                                                                                                                                                        |                | Date: 03/21/2013<br>Title: Member                                                                                                             |       |                                                      |         |             |  |
| Processed 03/21/2013                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                     |       |                                                      |         |             |  |