

No. W 29464	Due no later than Mar 31, 2014 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) KALLY THURMAN 620 WELLINGTON PL HOPE ID 83836
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. HOPE CIRCLE, LLC PO BOX 1 HOPE ID 83836		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Kally Thurman	p.o. 1	Hope	ID.	Bonner	83836
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	James E Roman	321 Osprey Circle	Hope	ID	Bonner	83836
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold;">IDAHO W 29464</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: <u>Kally Thurman</u> </td> <td style="width: 40%;"> Date: <u>March 14, 2014</u> </td> </tr> <tr> <td> Name (type or print): <u>Kally Thurman</u> </td> <td> Title: <u>Manager</u> </td> </tr> </table>	Signature: <u>Kally Thurman</u>	Date: <u>March 14, 2014</u>	Name (type or print): <u>Kally Thurman</u>	Title: <u>Manager</u>
Signature: <u>Kally Thurman</u>	Date: <u>March 14, 2014</u>				
Name (type or print): <u>Kally Thurman</u>	Title: <u>Manager</u>				

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