

No. W 113894		Due no later than May 31, 2015		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. H & L TWIN FALLS LLC JEFFREY D CLARK PO BOX 986 BLACKFOOT ID 83221		JEFFREY CLARK 209 NW MAIN ST BLACKFOOT 83221			
				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	FAHIM RAHIM	444 HOSPITAL WAY	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of: ID W 113894		6. Annual Report must be signed.* Signature: JEFFREY D CLARK Name (type or print): JEFFREY D CLARK Date: 03/23/2015 Title: CPA					
Processed 03/23/2015		* Electronically provided signatures are accepted as original signatures.					