

No. W 138272	Due no later than May 31, 2018 Annual Report Form		2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. HAWKEYE MEDICAL, LLC SAM A LEMMON 1248 N ANDREW DRIVE KUNA ID 83634 USA		SAMUEL LEMMON 1248 N ANDREW DRIVE KUNA ID 83634				
NO FILING FEE IF RECEIVED BY DUE DATE			3. <u>New</u> Registered Agent Signature:*				
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name SAM A LEMMON	Street or PO Address 1248 N. ANDREW DRIVE	City KUNA	State ID	Country USA	Postal Code 83634	
5. Organized Under the Laws of: ID W 138272	6. Annual Report must be signed.* Signature: Sam Lemmon Name (type or print): Sam Lemmon					Date: 06/28/2018 Title: owner	
Processed 06/28/2018	* Electronically provided signatures are accepted as original signatures.						