

No. W 138272		Due no later than May 31, 2018		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		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			
				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	SAM A LEMMON	1248 N. ANDREW DRIVE	KUNA	ID	USA	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.					