


8/3/2016

W 24434

No. <b>W 24434</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 08/07/2012</b>		<b>2. Registered Agent and Office (NOT A P.O. BOX)</b> NEIL L STODDARD 1536 E 400 N ST ANTHONY ID 83445																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	<b>1. Mailing Address: Correct in this box if needed,</b> HELIX LLC NEIL L STODDARD 1536 E 400 N ST ANTHONY ID 83445		<b>3. <u>New</u> Registered Agent Signature.</b>																																			
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b> <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Neil Stoddard</td> <td>1536 E 400 N</td> <td>St. Anthony</td> <td>ID</td> <td></td> <td>83445</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Neil Stoddard	1536 E 400 N	St. Anthony	ID		83445	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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<b>5. Organized Under the Laws of:</b>  IDAHO W 24434		<b>6.</b> Signature:  Name (type or print): <u>Neil L. Stoddard</u> Date: <u>8-10-16</u> Title: <u>MANAGER</u>																																				

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**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM****Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address.**