

No. <b>W 124112</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 07/28/2016</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> ACEY SHAW 202 S 650 E DIETRICH ID 83324
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. <b>Mailing Address: Correct in this box if needed.</b> H PLUS LIVESTOCK, LLC 202 S 650 E DIETRICH ID 83324		3. <u>New</u> Registered Agent Signature.
<b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>			

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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Jalyn Shaw	202 S. 650 E	Dierrick Id	USA		83324
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Acey Shaw	202 S. 650 E.	Dierrick Id	USA		83324
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</div> <div style="text-align: center; font-weight: bold;">W 124112</div>	6. Signature: <div style="text-align: center; font-size: 1.2em; font-family: cursive;">Jalyn Shaw</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">           Name (type or print): _____         </div> <div style="width: 35%;">           Date: <u>7-29-16</u>            Title: _____         </div> </div>
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Issued 07/29/2016 by online