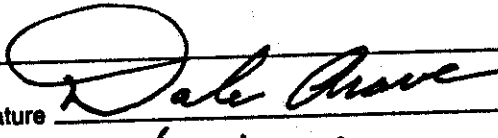


No. W 31645	Due no later than July 31, 2007 Annual Report Form		2. Registered Agent and Office NO PO BOX													
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable H. I. MANUFACTURING, LLC 1395 NW MAIN BLACKFOOT, ID 83221		DALE ARAVE 1395 NW MAIN BLACKFOOT, ID 83221													
			3. New Registered Agent Signature													
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"><thead><tr><th>Office held</th><th>Name</th><th>Street or P.O. Address</th><th>City</th><th>State</th><th>Zip</th></tr></thead><tbody><tr><td>manager</td><td>Dale Arave</td><td>1395 N.W. Main</td><td>Blackfoot</td><td>ID.</td><td>83221</td></tr></tbody></table>					Office held	Name	Street or P.O. Address	City	State	Zip	manager	Dale Arave	1395 N.W. Main	Blackfoot	ID.	83221
Office held	Name	Street or P.O. Address	City	State	Zip											
manager	Dale Arave	1395 N.W. Main	Blackfoot	ID.	83221											
5. Organized Under the Laws of: IDAHO W 31645		6.  Signature _____ Date <u>5-11-07</u> Name (Typed or Printed) <u>Dale Arave</u> Title <u>Manager.</u>														

Issued 05/01/2007

Do Not Tape or Staple

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