

FILED EFFECTIVE

No. <b>W 58653</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 04/08/2009</b>		2. Registered Agent and Office ( <b>NOT A P.O. BOX</b> ) <b>JASON HESS</b> <b>1427 NORTH 615 EAST</b> <b>SHELLEY ID 83274</b>
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT</b> <b>FEE DUE: \$30.00</b>	1. Mailing Address: Correct in this box if needed.  <b>HOME DYNAMICS LLC</b>  <b>PO BOX 508</b> <b>SHELLEY ID 83274</b>		3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.			
Office Held	Name	Street or PO Address	City State Country Postal Code
Owner	Jason Hess	1427 N 615E	Shelley Id Bingham 83274
Owner	Karla Hess	1427 N 615E	Shelley Id Bingham 83274
5. Organized Under the Laws of:  <div style="text-align: center; border: 1px solid black; padding: 5px;"> <b>IDAHO</b>  <b>W 58653</b> </div>		6. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div>           Signature: <u>Jason Hess</u>            Name (type or print): <u>JASON HESS</u> </div> <div>           Date: <u>8/3/09</u>            Title: <u>Owner/Member</u> </div> </div>	
Issued 07/29/2009 by NLB			