

No. W 22113	Reinstatement Annual Report Form ADMIN DISSOLVED 04/07/2004		2. Registered Agent and Office (NOT A P.O. BOX)	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed.		STEVEN P HARRISON 22145 KIMBERLY RD TWIN FALLS ID 83301	
	W.H., L.L.C. STEVEN P HARRISON PO BOX 494 330 6th Ave. N. KIMBERLY ID 83341 Twin Falls, ID 83301		3. New Registered Agent Signature.	
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 Member (circle one)	Steven P Harrison 330 6th Ave N Twin Falls Id 83301			
5. Organized Under the Laws of: IDAHO W 22113		6. Signature: <u>Steven P Harrison</u> Date: <u>1-9-12</u> Name (type or print): <u>STEVEN P. HARRISON</u> Title: <u>Manager</u>		
Issued 01/09/2012 by KAH				