


**FILED**

No. <b>W 168275</b>		Reinstatement Annual Report Form <b>ADMIN DISSOLVED 09/27/2017</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b>  <b>HOLLY A GLOVER</b> <b>3737 N PLAYER DR</b> <b>COEUR D'ALENE ID 83815</b>	
Return to: <b>SECRETARY OF STATE</b> <b>450 N 4th STREET</b> <b>PO BOX 83720</b> <b>BOISE, ID 83720-0080</b>		1. Mailing Address: Correct in this box if needed.  <b>HBH ENTERPRISE LLC</b> <b>HOLLY A GLOVER</b> <b>3737 N PLAYER DR</b> <b>COEUR D'ALENE ID 83815</b> <b>5959 N. Government way</b> <b>Coeur d'Alene, Idaho 83815</b>		3. New 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 checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>		Brock Glover		5959 Government way CDA ID Kootenai 83815	
Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>		Holly Glover		5959 Government Way Coeur D'Alene ID Kootenai 83815	
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
5. Organized Under the Laws of:		6.			
<b>IDAHO</b> <b>W 168275</b>		Signature: 		Date: <b>3-27-18</b>	
		Name (type or print): <b>Brock Glover</b>		Title: <b>Member</b>	