| No. W 107905 | | | Due no later than Oct 31, 2013 | 2. Registered Ag | 2. Registered Agent and Address (NO PO BOX) | | | |
|---|------|--------------------|---|------------------|---|---------|-------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | THP, LL 1411 F/ | Annual Report Form 1. Mailing Address: Correct in this box if needed. THP, LLC 1411 FALLS AVE E STE 1000C TWIN FALLS ID 83301 TRENT PRYOR 1411 FALLS AVE E STE 1000C TWIN FALLS ID 83301 3. New Registered Agent Signature:* | | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | or Names and As | Idroccos of at least one Member or Manager | | | | | |
| Office Held | Name | er Names and Ac | ldresses of at least one Member or Manager. Street or PO Address | City | State | Country | Postal Code | |
| MEMBER | | PRYOR | 1411 FALLS AVE STE 1000C | TWIN FALLS | ID | USA | 83301 | |
| 5. Organized Under the Laws of: ID W 107905 | | Signatu | 6. Annual Report must be signed.* Signature: Trent Pryor Date: 10/30/2013 Name (type or print): Trent Pryor Title: Member | | | | | |
| Processed 10/30/2013 | | | * Electronically provided signatures are accepted as original signatures. | | | | | |