

No. W 52611	Reinstatement Annual Report Form ADMIN DISSOLVED 10/05/2011		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. HISWAY, LLC ELLEN M HAMPTON 22001 OLA RD 348 N. Orchard OLA ID 83657 Boise, ID 83706 USA		22001 OLA RD OLA ID 83657 9521 W. Irving Boise, ID 83704														
			3. New Registered Agent Signature.														
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																	
<table border="1"><thead><tr><th>Manager or Member</th><th>Name</th><th>Street or PO Address</th><th>City</th><th>State</th><th>Country</th><th>Postal Code</th></tr></thead><tbody><tr><td>Manager Member (circle one)</td><td>Ellen Hampton</td><td>9521 W. Irving</td><td>Boise</td><td>ID</td><td>USA</td><td>83704</td></tr></tbody></table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager Member (circle one)	Ellen Hampton	9521 W. Irving	Boise	ID	USA	83704
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5. Organized Under the Laws of: IDAHO W 52611		6. <table><tr><td>Signature: <u>Ellen Hampton</u></td><td>Date: <u>12-27-11</u></td></tr><tr><td>Name (type or print): <u>Ellen Hampton</u></td><td>Title: <u>Administrative</u></td></tr></table>		Signature: <u>Ellen Hampton</u>	Date: <u>12-27-11</u>	Name (type or print): <u>Ellen Hampton</u>	Title: <u>Administrative</u>										
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