

No. C 183637	Reinstatement Annual Report Form		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	ADMIN DISSOLVED 09/27/2017		ANITA NORTHWOOD 4134 BLUFF CONDO DR SUN VALLEY ID 83353														
REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. HCHC INC. ANITA NORTHWOOD PO BOX 2557 KETCHUM ID 83340		3. New Registered Agent Signature.														
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. <table border="1"> <thead> <tr> <th>Office Held</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>President</td> <td>Anita Northwood</td> <td>Box 2557</td> <td>Ketchum,</td> <td>ID</td> <td>USA</td> <td>83340</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Anita Northwood	Box 2557	Ketchum,	ID	USA	83340
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
President	Anita Northwood	Box 2557	Ketchum,	ID	USA	83340											
5. Organized Under the Laws of: IDAHO C 183637	6. Signature: <u>Anita Northwood</u> Date: <u>10-9-17</u> Name (type or print): <u>Anita Northwood</u> Title: <u>President</u>																

Issued 10/09/2017 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the