

No. W 142404		Reinstatement Annual Report Form ADMIN DISSOLVED 12/20/2016		2. Registered Agent and Office (NOT A P.O. BOX) CHARLENE HUMPHERY 1200 E 6TH SOUTH MOUNTAIN HOME ID 83647	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. HUMPHERY OPERATIONS, LLC CHARLENE HUMPHERY 1200 E 6TH SOUTH MOUNTAIN HOME ID 83647		3. <u>New</u> Registered Agent Signature.	
REINSTATEMENT FEE DUE: \$30.00					
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 type="checkbox"/>		CHARLENE HUMPHERY	480 E 2N	MOUNTAIN HOME	ID 83647
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
5. Organized Under the Laws of: IDAHO W 142404		6. Signature: <u>Charlene Humphery</u> Name (type or print): <u>CHARLENE HUMPHERY</u> Date: <u>Apr. 25 2018</u> Title: <u>MANAGING MEMBER</u>			