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| <b>No. W 157371</b>                                                                                                                                        | <b>Reinstatement Annual Report Form</b><br><b>ADMIN DISSOLVED 01/22/2018</b>                                                                                                                       |  | <b>2. Registered Agent and Office</b><br><b>(NOT A P.O. BOX)</b><br>DRU M GUTHRIE ESQ<br>890 OXFORD DR<br>IDAHO FALLS ID 83401 |
| <b>Return to:</b><br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>REINSTATEMENT FEE</b><br><b>DUE: \$30.00</b> | <b>1. Mailing Address: Correct in this box if needed.</b><br>H & H WORKS, LLC<br>TAYLOR HALFORD<br><del>668 N 55 E</del><br><del>IDAHO FALLS ID 83401 USA</del><br>497 N 4108 E<br>Rigby, ID 83442 |  | <b>3. <u>New</u> Registered Agent Signature.</b>                                                                               |

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| <b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b> |                |                      |       |       |         |             |  |
|------------------------------------------------------------------------------------------------------------|----------------|----------------------|-------|-------|---------|-------------|--|
| Manager or Member                                                                                          | Name           | Street or PO Address | City  | State | Country | Postal Code |  |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>                                | Taylor Halford | 497 N 4108 E         | Rigby | ID    | US      | 83442       |  |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>                                | Jake Halford   | 497 N 4108 E         | Rigby | ID    | US      | 83442       |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>                                           |                |                      |       |       |         |             |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>                                           |                |                      |       |       |         |             |  |

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| <b>5. Organized Under the Laws of:</b><br><br><div style="text-align: center; font-size: 1.2em;">IDAHO</div> <div style="text-align: center; font-size: 1.2em;">W 157371</div> | <b>6.</b><br><div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>Signature:</b><br/> <br/> <b>Name (type or print):</b><br/>           Taylor Halford         </div> <div style="width: 35%;"> <b>Date:</b><br/>           2-14-18<br/><br/> <b>Title:</b><br/>           MRS         </div> </div> |
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