No. W 145472 Return to:		Due no later than Dec 31, 2016 Annual Report Form		2. Registered Agent and Address (NO PO BOX) BRIAN WARD 2534 JOSHUA WAY TWIN FALLS ID 83301 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. HALF-A-HAPA LLC HALF-A-HAPA 2534 JOSHUA WAY TWIN FALLS ID 83301	TWIN FALLS				
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Compa	nies: Enter Nar	nes and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER BRIAN WAR		D 2534 JOSHUA WAY	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Nicole Ward	Date: 12/08/2016				
W 145472		Name (type or print): Nicole Ward	Title: Secretary				
Processed 12/08/2016	* Electronically provided signatures are accepted as original signatures.						