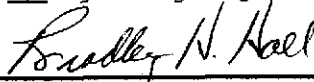
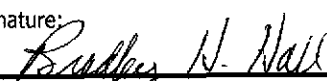


No. W 29522	Reinstatement Annual Report Form ADMIN DISSOLVED 06/08/2010		2. Registered Agent and Office (NOT A P.O. BOX) BRADLEY H HALL 551 GARY ST POCATELLO ID 83201 1995 TOUCH DR. INKOM, ID 83245
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. HALL ENDEAVORS, L.L.C. 551 GARY ST POCATELLO ID 83201 1995 TOUCH DR. INKOM ID 83245		3. <u>New</u> Registered Agent Signature. 
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 type="checkbox"/> Member <input checked="" type="checkbox"/>	JACQUELYN R. HALL	1995 TOUCH DR.	INKOM ID USA 83245
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	BRADLEY H. HALL	1995 TOUCH DR.	INKOM ID USA 83245
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 29522 </div>		6. Signature:  <hr/> Name (type or print): BRADLEY H. HALL	
		Date: <u>2-15-17</u> <hr/> Title: <u>MEMBER/ REGISTERED AGENT</u>	
Issued 02/15/2017 by online			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM