

No. W 132037	Reinstatement Annual Report Form ADMIN DISSOLVED 03/30/2015	
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. HTM LLC HOLLIS J BROOKOVER 270 E 50TH ST BOISE ID 83714	2. Registered Agent and Office (NOT A P.O. BOX) HOLLIS J BROOKOVER 270 E 50TH ST BOISE ID 83714
REINSTATEMENT FEE DUE: \$30.00	3. New Registered Agent Signature.	

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
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Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Hollis J. Brookover 649 N. Morningside Way Boise, ID USA 83712					
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Manager <input type="checkbox"/> Member <input type="checkbox"/>
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Manager <input type="checkbox"/> Member <input type="checkbox"/>
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Manager <input type="checkbox"/> Member <input type="checkbox"/>
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5. Organized Under the Laws of:

IDAHO
W 132037

6.
Signature: Date:
Name (type or print): Title:

Date

4/28/2015
Manager

Issued 05/06/2015 by DK1

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM