


No. <b>W 132037</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 03/30/2015</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> HOLLIS J BROOKOVER 270 E 50TH ST BOISE ID 83714
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. <b>Mailing Address:</b> Correct in this box if needed. HTM LLC HOLLIS J BROOKOVER 270 E 50TH ST BOISE ID 83714		3. <u>New</u> Registered Agent Signature.
<b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>			

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"/>	Hollis J. Brookover	649 N. Morningside Way	Boise,	ID	USA	83712
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:  <div style="text-align: center;"> <b>IDAHO</b>  <b>W 132037</b> </div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">           6. Signature:             Name (type or print): _____ Title: _____         </div> <div style="width: 35%;">           Date: <u>4/28/2015</u>            Title: <u>Manager</u> </div> </div>
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Issued 05/06/2015 by DK1

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM