

No. W 134684		Reinstatement Annual Report Form ADMIN DISSOLVED 05/31/2018		2. Registered Agent and Office (NOT A P.O. BOX) VIRGINIA ROBINSON 1910 NORTHWEST BLVD COEUR D ALENE ID 83814																																						
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. HALSYON ENTERPRISES LLC RICHARD J SCHMITT 28440 N PANHANDLE RD ATHOL ID 83801 USA		3. <u>New</u> Registered Agent Signature.																																						
REINSTATEMENT FEE DUE: \$30.00																																										
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																										
<table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>RICHARD J. SCHMITT</td> <td>1712 E. SHERMAN AVE. COA</td> <td>ID</td> <td>USA</td> <td></td> <td>83814</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>VIRGINIA SCHMITT</td> <td>1712 E. SHERMAN AVE. COA</td> <td>ID</td> <td>USA</td> <td></td> <td>83814</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>								Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	RICHARD J. SCHMITT	1712 E. SHERMAN AVE. COA	ID	USA		83814	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	VIRGINIA SCHMITT	1712 E. SHERMAN AVE. COA	ID	USA		83814	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																				
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	RICHARD J. SCHMITT	1712 E. SHERMAN AVE. COA	ID	USA		83814																																				
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	VIRGINIA SCHMITT	1712 E. SHERMAN AVE. COA	ID	USA		83814																																				
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																										
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																										
5. Organized Under the Laws of: IDAHO W 134684		6. Signature:  Name (type or print): <u>R. JASON SCHMITT</u>																																								
		Date: <u>6/18/18</u> Title: _____																																								

Issued 06/13/2018 by online