

No. W 103279	Reinstatement Annual Report Form ADMIN DISSOLVED 08/25/2015		2. Registered Agent and Office (NOT A P.O. BOX)																																			
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. HUDSON HOMES, LLC SHERYLE MORSE 11075 GREYLING DR BOISE ID 83709 <i>905 W. Sheppington Drive</i> <i>Eagle Id. 83416</i>		SHERYLE MORSE 11075 GREYLING DR BOISE ID 83709 <i>905 W. Sheppington Drive</i> <i>Eagle Id. 83416</i>																																			
REINSTATEMENT FEE DUE: \$30.00			3. <u>New</u> Registered Agent Signature.																																			
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 checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"><i>Sheryle Morse 905 W. Sheppington Dr. Eagle Id. 83416</i></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	<i>Sheryle Morse 905 W. Sheppington Dr. Eagle Id. 83416</i>						Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 103279		6. <table border="1"> <tr> <td>Signature:</td> <td>Date:</td> </tr> <tr> <td><i>[Signature]</i></td> <td><i>1-12-16</i></td> </tr> <tr> <td>Name (type or print):</td> <td>Title:</td> </tr> <tr> <td><i>Sheryle Morse</i></td> <td><i>Manager/member</i></td> </tr> </table>		Signature:	Date:	<i>[Signature]</i>	<i>1-12-16</i>	Name (type or print):	Title:	<i>Sheryle Morse</i>	<i>Manager/member</i>																											
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM