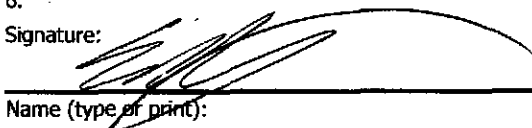


No. W 168074	Reinstatement Annual Report Form ADMIN DISSOLVED 09/27/2017		2. Registered Agent and Office (NOT A P.O. BOX) EVAN IZETT 336 W HOWE ST BOISE ID 83706
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. HERITAGE HOP HAUS LLC EVAN IZETT 729 N MAIN ST MERIDIAN ID 83642		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 checked="" type="checkbox"/> Member <input type="checkbox"/>	Cody Coccia 138 E Hargrave Falls Meridian ID 83646		
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Evan Izett 336 W Howe St. Boise ID 83706		
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-weight: bold; font-size: large;"> IDAHO W 168074 </div>		6. / Signature:  Date: _____ Name (type or print): _____ Title: _____	
Issued 10/10/2017 by online			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the