


No. <b>W 137990</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 08/25/2015</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> ANDREW J HELLHAKE 1405 PAUL BUNYAN RD MCCALL ID 83638
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. Mailing Address: Correct in this box if needed. HELLHAKE APPLIANCE SERVICE LLC PO BOX 1330 MCCALL ID 83638		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"/> Andrew J Hellhake    PO Box 1330    McCall Id    USA    83638			
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; font-weight: bold; font-size: large;">             IDAHO W 137990           </div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;">           Signature:             Name (type or print): <u>Andrew J Hellhake</u> </div> <div style="width: 35%;">           Date: <u>7-7-17</u>            Title: <u>manager</u> </div> </div>	
Issued 03/14/2017 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 correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected