

No. W 137990		Reinstatement Annual Report Form ADMIN DISSOLVED 08/25/2015		2. Registered Agent and Office (NOT A P.O. BOX) ANDREW J HELLHAKE 1405 PAUL BUNYAN RD MCALL ID 83638	
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. HELLHAKE APPLIANCE SERVICE LLC PO BOX 1330 MCALL ID 83638			
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. 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: IDAHO W 137990		6. Signature:  Name (type or print): Andrew J Hellhake			
		Date: 7-7-17 Title: manager			
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