


No. W 145731	Reinstatement Annual Report Form ADMIN DISSOLVED 03/21/2017		2. Registered Agent and Office (NOT A P.O. BOX) BRANDON BLUEMEL 5279 TREYDEN DR AMMON ID 83406 5297 TREYDEN DR AMMON, ID 83406
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. HBB INVESTMENTS LLC HBB INVESTMENTS BLUEMEL 5279 TREYDEN DR AMMON ID 83406 5297 TREYDEN DR AMMON, ID 83406		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"/>	BRANDON C. BLUEMEL	5297 TREYDEN DR	AMMON	ID	CONVERSE	83406	
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;"> IDAHO W 145731 </div>	6. Signature: <div style="text-align: center;">  </div> Date: <u>5-17-17</u> Name (type or print): <u>BRANDON C. BLUEMEL</u> Title: <u>MANAGER</u>
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Issued 05/17/2017 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