Return to:			
SECRETARY OF STATE			
450 N 4th STREET			
PO BOX 83720 BOISE, ID 83720-0080			1
REINSTATEMENT FEE DU	ı₌. \$30.00		
REINGIA EFIERT TEE DO	Reinstatement Annual R	enort Form	1
1. Mailing Address: Corre	ADMIN DISSOLVED 04	/ 14/ 2014	
HAUTE WRAP, LLC	et ill this box il headen.		
PO BOX 5419			
KETCHUM ID 83340-541	9		
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z. Registered Agent and On	ice		
(NOT A P.O. BOX)	īce		
2. Registered Agent and Off (NOT A P.O. BOX) MICHAEL D POGUE			
( <b>not a p.o. Box)</b> Michael d Pogue 675 Sun Valley RD Ste			
( <b>NOT A P.O. BOX)</b> MICHAEL D POGUE 675 SUN VALLEY RD STE KETCHUM ID 83333	E A		
( <b>NOT A P.O. BOX)</b> MICHAEL D POGUE 675 SUN VALLEY RD STE KETCHUM ID 83333	E A		
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(NOT A P.O. BOX) MICHAEL D POGUE 675 SUN VALLEY RD STE KETCHUM ID 83333 3. New Registered Agent Sk 4.	E A	Managers OR Member	rs. See Instructions.
(NOT A P.O. BOX) MICHAEL D POGUE 675 SUN VALLEY RD STE KETCHUM ID 83333 3. New Registered Agent Sig 4. Limited Liability Compa	E A gnature. unies: Enter Names and Addresses of	•	
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(NOT A P.O. BOX) MICHAEL D POGUE 675 SUN VALLEY RD STE KETCHUM ID 83333 3. New Registered Agent Sk 4. Limited Liability Compa Manager Member Manager Member	E A gnature. unies: Enter Names and Addresses of	•	
(NOT A P.O. BOX) MICHAEL D POGUE 675 SUN VALLEY RD STE KETCHUM ID 83333 3. New Registered Agent Sk 4. Limited Liability Compa Manager Member Manager Member	E A gnature. unies: Enter Names and Addresses of	•	

W 121415 6. Signature: Date:

Name (type or print): Title: Issued 05/29/2015 by online