


No. W 78342	Reinstatement Annual Report Form ADMIN DISSOLVED 01/06/2011		2. Registered Agent and Office (NOT A P.O. BOX) PAUL CLEMENT HILL 104 N BRIDGE ST STE 104 369 Orchard Lane ST ANTHONY ID 83445	
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. HC MANAGEMENT, LLC PAUL C HILL 39 Professional Plaza PO BOX 586 ST ANTHONY ID 83445 Rexburg, ID 83440		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 <u>Member</u> (circle one)	Paul C. Hill	369 Orchard Lane	St. Anthony	ID	USA	83445

5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; margin-top: 20px;"> IDAHO W 78342 </div>	6. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%;"> Signature: <u></u> Name (type or print): <u>Paul C. Hill</u> </div> <div style="width: 35%;"> Date: <u>11/3/11</u> Title: <u>Member</u> </div> </div>
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address.
Note: To ensure future mailings, the corrected address **must** be inside Block 1.