

No. W 154446	Reinstatement Annual Report Form ADMIN DISSOLVED 11/15/2016		2. Registered Agent and Office (NOT A P.O. BOX) DEBBIE OLPIN 1185 BLAKE ST N TWIN FALLS ID 83301 <div style="text-align: right; font-size: 2em; font-weight: bold;">FILED</div>																																			
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. HIGH TIMES, LLC 1085 BLAKE ST N TWIN FALLS ID 83301 2280 S Main Street Salt Lake City UT 84115	3. <u>New</u> Registered Agent Signature.																																				
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See instructions. <table border="1" style="width: 100%;"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Gary K Moore</td> <td>2280 S Main Street,</td> <td>Salt Lake City,</td> <td>UT</td> <td>USA</td> <td>84115</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	Gary K Moore	2280 S Main Street,	Salt Lake City,	UT	USA	84115	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																
Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	Gary K Moore	2280 S Main Street,	Salt Lake City,	UT	USA	84115																																
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 154446 </div>	6. <table border="0" style="width: 100%;"> <tr> <td style="width: 60%;"> Signature: <u><i>Gary K. Moore</i></u> Name (type or print) Gary K Moore </td> <td style="width: 40%;"> Date: <u>1-10-2017</u> Title: Member/Manager </td> </tr> </table>			Signature: <u><i>Gary K. Moore</i></u> Name (type or print) Gary K Moore	Date: <u>1-10-2017</u> Title: Member/Manager																																	
Signature: <u><i>Gary K. Moore</i></u> Name (type or print) Gary K Moore	Date: <u>1-10-2017</u> Title: Member/Manager																																					