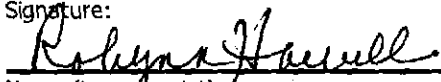


No. W 24746	Reinstatement Annual Report Form ADMIN DISSOLVED 09/22/2015		2. Registered Agent and Office (NOT A P.O. BOX) ROBYNN HOWELL 1570 MIDWAY DR., SUITE 1 Ave AMMON ID 83406
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. ROYAL JOURNEYS, L.L.C. ROBYNN HOWELL 1570 MIDWAY DR., SUITE 1 Ave. AMMON ID 83406 USA		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 type="checkbox"/> Member <input checked="" type="checkbox"/>	HAS Inc.	1570 Midway Ave	Ammon ID USA 83406
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Kevin Howell	1183 W. 7800 S.	Rexburg ID USA 83440
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Ammon K. Van Wagoner	3927 E. 100 N.	Rigby ID USA 83442
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 24746 </div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> Signature:  Name (type or print): <u>Robynn Howell</u> </div> <div style="width: 35%;"> Date: <u>9-28-15</u> Title: <u>member</u> </div> </div>	
Issued 09/29/2015 by online			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM