

No. W 74287	Reinstatement Annual Report Form ADMIN DISSOLVED 08/07/2012		2. Registered Agent and Office (NOT A P.O. BOX) SUSAN ANN HASBROUCK 909 N 20TH ST BOISE ID 83702
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. HASBROUCK LAKE HOUSE, LLC SUSAN ANN HASBROUCK 909 N 20TH ST BOISE ID 83702		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"/>	SUSAN Ann	909 N. 20th St,	Boise,	ID,		83702
Manager <input type="checkbox"/> Member <input type="checkbox"/>	HASBROUCK					
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 74287 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: <u>Susan Ann Hasbrouck</u> </td> <td style="width: 40%;"> Date: <u>11-9-2016</u> </td> </tr> <tr> <td> Name (type or print): <u>SUSAN Ann HASBROUCK</u> </td> <td> Title: <u>Manager/member</u> </td> </tr> </table>	Signature: <u>Susan Ann Hasbrouck</u>	Date: <u>11-9-2016</u>	Name (type or print): <u>SUSAN Ann HASBROUCK</u>	Title: <u>Manager/member</u>
Signature: <u>Susan Ann Hasbrouck</u>	Date: <u>11-9-2016</u>				
Name (type or print): <u>SUSAN Ann HASBROUCK</u>	Title: <u>Manager/member</u>				

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