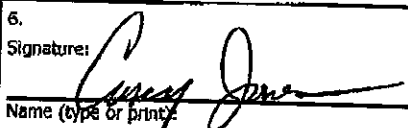


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No. W 87418		Reinstatement Annual Report Form ADMIN DISSOLVED 01/14/2013		2. Registered Agent and Office (NOT A P.O. BOX) ROB MOORE 2005 IRONWOOD PKWY STE 138 COEUR D'ALENE ID 83814	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. H.P. LIMITED, LLC 807 N MORTON ST COLFAX WA 99111			
REINSTATEMENT FEE DUE: \$30.00				3. New 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 ☒ Member ☐		CASEY JONES	807 N. MORTON ST	COLFAX WA	USA 99111
Manager ☐ Member ☐					
Manager ☐ Member ☐					
Manager ☐ Member ☐					
5. Organized Under the Laws of: IDAHO W 87418		6. Signature:  Name (type or print): _____ Date: 7/1/13 Title: _____			
Issued 04/12/2013 by CLH					

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM