No. W 87418	Reinstatement Annual Report Form ADMIN DISSOLVED 01/14/2013	2. Registered Agent and Office **(NOT A P.O. BOX)**
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	ROB MOORE 2005 IRONWOOD PKWY STE 138 COEUR D'ALENE ID 83814
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:	6.
IDAHO W 87418	Signature: Casey Jones Date: 7/1/13 Name (type or print): Title:

Issued 04/12/2013 by CLH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM