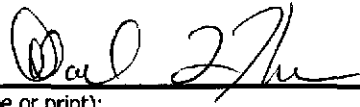


No. W 44855	Reinstatement Annual Report Form ADMIN DISSOLVED 02/10/2015		2. Registered Agent and Office (NOT A P.O. BOX)																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. HVB INVESTMENTS, LLC THOMAS J SOUTH 1010 W JEFFERSON ST 800 West Main St. STE 200 1220 BOISE ID 83702 USA		THOMAS J SOUTH 1010 W JEFFERSON ST 800 West STE 200 1220 Main 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. <table border="1"> <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 type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Johnson Brothers Hospitality LLC</td> <td>P.O. Box 8506</td> <td>Boise</td> <td>ID</td> <td></td> <td>83707</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Sarel L. Thomsen</td> <td>1636 Sicily Ln</td> <td>Richland</td> <td>WA</td> <td></td> <td>99352</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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Johnson Brothers Hospitality LLC	P.O. Box 8506	Boise	ID		83707	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Sarel L. Thomsen	1636 Sicily Ln	Richland	WA		99352	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 44855		6. Signature:  Date: <u>4/2/18</u> Name (type or print): <u>Sarel L. Thomsen</u> Title: <u>Member</u>																																				

Issued 04/03/2018 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM