


No. W 44132	Reinstatement Annual Report Form ADMIN DISSOLVED 01/06/2011		2. Registered Agent and Office (NOT A P.O. BOX) CHARLES A HOMER 1000 RIVERWALK DR STE 200 IDAHO FALLS ID 83405			
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. HCP HOLDINGS, LLC PO BOX 396 REXBURG ID 83440		3. <u>Now</u> Registered Agent Signature.			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.						
Manager/Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager	Robert C. Conger	388 N 2000 E	St. Anthony	ID	USA	83445
Manager	Ray R Andrus	2390 Ross Ave	Idaho Falls	ID	USA	83406
Manager	Todd Cornelison	P.O. Box 817	Reburg	ID	USA	83440
5. Organized Under the Laws of: IDAHO W 44132		6. Signature:  Date: 1/26/11 Name (type or print): Robert Conger Title: Manager				
Issued 01/26/2011 by J.L						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** _____