


No. W 106456 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form 1. Mailing Address: Correct in this box if needed. DH 50-50, LLC HAL BAIRD 311 N CURTIS RD 4280 East Amity, #105 BOISE ID 83706 Nampa, ID 83687	2. Registered Agent and Office (NOT A P.O. BOX) HAL BAIRD 311 N CURTIS RD BOISE ID 83706 3. New 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>Hal Baird</td> <td>4280 E. Amity #105</td> <td>Nampa, ID</td> <td>USA</td> <td></td> <td>83687</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Dixie Baird</td> <td>4280 E. Amity #105</td> <td>Nampa, ID</td> <td>USA</td> <td></td> <td>83687</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"/>	Hal Baird	4280 E. Amity #105	Nampa, ID	USA		83687	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Dixie Baird	4280 E. Amity #105	Nampa, ID	USA		83687	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 106456	6. Signature:  Name (type or print): Hal Baird Date: 1/30/14 Title: Member																																				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM