

No. **W 36522**

**Due no later than February 28, 2009**

## Annual Report Form

**2. Registered Agent and Office NO PO BOX**

Return to:  
SECRETARY OF STATE  
450 NORTH FOURTH STREET  
PO BOX 83720  
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

H&B ENTERPRISES, LLC  
5120 S LOCUST GROVE RD  
MERIDIAN, ID 83642

HARVEY CAPELL  
5120 S LOCUST RD  
MERIDIAN, ID 83642

**NO FILING FEE IF  
RECEIVED BY DUE DATE**

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

**Office held**

Name

**Street or P.O. Address**

City

**State**

**Zip**

co owner  
11

Harvey T. Capell  
Bonnie T. Capell

5120 S. Locust Blvd

merced

24

83642

5. Organized Under the Laws of:  
IDAHO  
W 36522

6.

**Signature**

Name <sup>(Typed or Printed)</sup> HARVEY J. CAPELL Title CO-OWNER

Name (Typed  
Printed)

Date 12-10-08

Title CO-OWNER

ISSUED 40102

**800000006204**