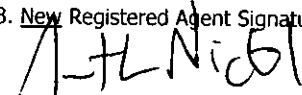
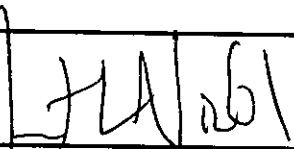


No. W 135820	Reinstatement Annual Report Form ADMIN DISSOLVED 06/23/2016		2. Registered Agent and Office (NOT A P.O. BOX) JONATHAN NICHOL 4120 HOT SPRINGS RD. NEW MEADOWS ID 83654 412 lower ranch New Meadows Id. 83654
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. HELLS CANYON HOLDINGS LLC JONATHAN NICHOL PO BOX 545 - PO 412 lower ranch NEW MEADOWS ID 83654		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 <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	Jonathan Nichol	412 lower ranch rd.	New Meadows			Id. 83654
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 135820 </div>	6. Signature:  <hr/> Name (type or print): Jonathan Nichol <hr/> <div style="display: flex; justify-content: space-between;"> <div> Date: 11-15-16 Title: Manager/member </div> </div>
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Issued 11/15/2016 by TLB

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name must be the same as the name on the current or most recent annual report. If the name has changed, the new name must be used.