FILED EFFECTIVE

No. W 5418	Reinstatement Annual Report Form 2. Registered Agent and Office (N	OT A	
Return to:	ADMIN DISSOLVED 04/08/2009 P.O. BOX) SHAWNA DAVENPORT		
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Malling Address: Correct in this box if needed.		
	HOUR START, LLC 890 E. Franklin &		
	SHAVINA DAVENPOR! Ste. 206 Ste. 206 MERIDIAN ID 83642 RD, Ste 206 Meridian Registered Agent Signature.		
REINSTATEMENT FEE DUE: \$30.00			
4. Limited Liability Compani Office Held Nam	nies: Enter Names and Addresses of Managers OR Members. ne Street or PO Address City State Country Po	ostal Coo	
member lie	I Sweepert 890E, Franklin Rd Maridian, ID A	12	
member	83 Joh	642	
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		-62	
5. Organized Under the Law	vs of: 6.		
IDAHO (Signature: Mariana masanam Date: 3	610	
W 5418	Name (type or print): howard average Title To	cha	
Issued 02/26/2010 by KAH			

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:** The office of the registered agent must be at a street address in Idaho; **not a Post Office Box or Personal Mail Box.**

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Enter names and business addresses of management. Note: <u>Do not put "same as last year" or "same as above".</u>
These will not be accepted.

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.