

<b>No. W 31645</b>	<b>Due no later than 7/31/2009</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>		
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF                  RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b>		DALE ARAVE 1395 NW MAIN BLACKFOOT ID 83221		
H. I. MANUFACTURING, LLC 1395 NW MAIN BLACKFOOT ID 83221			3. <u>New</u> Registered Agent Signature:		
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Zip
<i>manager</i>	<i>Dale Arave</i>	<i>1395 N.W. Main</i>	<i>Blackfoot ID.</i>	<i>83221</i>	
5. Organized Under the Laws of:  <b>ID</b> <b>W 31645</b>	6. Annual Report must be signed.				
Signature: <i>Dale Arave</i>		Date: <i>6-4-09</i>			
Name(type or print): <i>Dale Arave</i>		Title: <i>Manager.</i>			