


No. W 166376		Reinstatement Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX)	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. HALO PROPERTIES LLC JASON D. WIXOM 1341 SEEFRIED LN BLACKFOOT ID 83221		JASON WIXOM 1341 SEEFRIED LN BLACKFOOT ID 83221	
REINSTATEMENT FEE DUE: \$30.00				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 type="checkbox"/>		Jason Wixom	1341 Seefried	Blackfoot	ID 83221
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>		Stepney Wixom	1341 Seefried	Blackfoot	ID 83221
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
5. Organized Under the Laws of: IDAHO W 166376		6. Signature: 		Date: 8-24-17	
		Name (type or print): Jason Wixom		Title: Manager	

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