



<p>No. W 27335</p> <p>Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080</p> <p>REINSTATEMENT FEE DUE: \$30.00</p>	<p align="center">Reinstatement Annual Report Form ADMIN DISSOLVED 03/08/2011</p> <p>1. Mailing Address: Correct in this box if needed. HYDROGEN INNOVATIONS, LLC PAUL ARNETT 1395 N W MAIN BLACKFOOT ID 83221</p>	<p>2. Registered Agent and Office (NOT A P.O. BOX) DALE ARAVE BRENT ARAVE 1395 NW MAIN BLACKFOOT ID 83221</p>																																			
		<p>3. New Registered Agent Signature. </p>																																			
<p>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 20%;">Name</th> <th style="width: 25%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>BRENT ARAVE</td> <td>1395 NW MAIN</td> <td>BLACKFOOT</td> <td>ID</td> <td>USA</td> <td>83221</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	BRENT ARAVE	1395 NW MAIN	BLACKFOOT	ID	USA	83221	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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<p>5. Organized Under the Laws of:</p> <p align="center">IDAHO W 27335</p>	<p>6.</p> <p>Signature: </p> <p>Date: 11/8/2012</p> <p>Name (type or print): BRENT ARAVE</p> <p>Title: PRESIDENT</p>																																				

Issued 11/08/2012 by DK1

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM