

No. <b>W 68320</b>		<b>Due no later than Nov 30, 2015</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  HHS LLC GALE W HARDING 329 WEST 7TH SOUTH REXBURG ID 83440		GALE W HARDING 329 WEST 7TH SOUTH REXBURG ID 83440			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	Country	Postal Code	
MANAGER	GALE W HARDING	329 WEST 7TH SOUTH	REXBURG	ID	83440		
MANAGER	D CRAIG HEINER	240 EAST MAIN ST	REXBURG	ID	83440		
MANAGER	SYLVAN F SEELY	1175 SOUTH 5TH WEST	REXBURG	ID	83440		
5. Organized Under the Laws of:  <b>ID</b> <b>W 68320</b>		6. Annual Report must be signed.*  Signature: Gale W. Harding Name (type or print): Gale W. Harding					
		Date: 09/17/2015 Title: Manager					
Processed 09/17/2015      * Electronically provided signatures are accepted as original signatures.							