

No. W 68320		Due no later than Nov 30, 2015		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. HHS LLC GALE W HARDING 329 WEST 7TH SOUTH REXBURG ID 83440		GALE W HARDING 329 WEST 7TH SOUTH REXBURG ID 83440	
				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: ID W 68320		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.			