

No. W 87418		Reinstatement Annual Report Form ADMIN DISSOLVED 01/16/2015		2. Registered Agent and Office (NOT A P.O. BOX) ROB MOORE 2005 IRONWOOD PKWY STE 138 COEUR D'ALENE ID 83814	
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. <del>H.P. LIMITED, LLC</del> 807 N MORTON ST COLFAX WA 99111 <i>HP Limited, LLC</i> <i>701 S Crestview</i> <i>Colfax, WA 99111</i>		3. <u>New</u> Registered Agent Signature.	
REINSTATEMENT FEE DUE: \$30.00					
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.					
Manager or Member		Name		Street or PO Address	
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>		<i>Carey Jones</i>		<i>701 S Crestview</i>	
				<i>Colfax</i>	
				<i>WA</i>	
				<i>Whitman</i>	
				<i>99111</i>	
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
5. Organized Under the Laws of:		6.			
IDAHO W 87418		Signature: <i>Carey Jones</i>		Date: <i>1/23/2015</i>	
		Name (type or print): <i>Carey Jones</i>		Title: <i>Member</i>	
Issued 01/23/2015 by online					

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1:** Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

**Block 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The off