
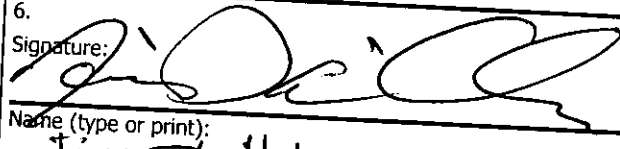


No. W 108527 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 02/11/2013		2. Registered Agent and Office (NOT A P.O. BOX) UNITED STATES CORPORATION AGEN 3006 E GOLDSTONE DR STE 218 MERIDIAN ID 83642 USA Jim Phillips 209 South Buttercup Ct Nampa Id 83687
1. Mailing Address: Correct in this box if needed. HEAD GAMES WEST LLC JIM PHILLIPS 209 S BUTTERCUP CT NAMPA ID 83687		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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Jim Phillips	209 S. Buttercup Ct	Nampa ID Canyon 83687
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Gale Phillips	"	" " " "
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 108527 </div>		6. Signature:  Name (type or print): <u>Jim Phillips</u> <div style="text-align: right;"> Date: <u>3/19/13</u> Title: _____ </div>	

Issued 03/19/2013 by LJC

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM