

No. W 144670		Reinstatement Annual Report Form ADMIN DISSOLVED 02/23/2016			2. Registered Agent and Office (NOT A P.O. BOX)		
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. HAVOC COMPANY LLC ISAAC HOOFT 3753 E TIMBERSAW DR BOISE ID 83709			ISAAC HOOFT <i>Tommall</i> 3753 E TIMBERSAW DR <i>Thomas</i> BOISE ID 83709		
REINSTATEMENT FEE DUE: \$30.00					3. New Registered Agent/Signature. <i>Tommall Thomas</i>		
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.							
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Name <i>Tommall Thomas</i>	Street or PO Address <i>2805 S. Annett</i>	City <i>Boise</i>	State <i>ID</i>	Country <i>Ada</i>	Postal Code <i>83705</i>	
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	<i>Darrell Jones</i>	<i>2805 S. Annett</i>	<i>Boise</i>	<i>ID</i>	<i>Ada</i>	<i>83705</i>	
Manager <input type="checkbox"/> Member <input type="checkbox"/>							
Manager <input type="checkbox"/> Member <input type="checkbox"/>							
5. Organized Under the Laws of: IDAHO W 144670		6. Signature: <i>Tommall Thomas</i>			Date: <i>June 15th, 2016</i>		
		Name (type or print): <i>Tommall Thomas</i>			Title: <i>Manager</i>		

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