## FILED EFFECTIVE

No. W 33793 Return to:	Reinstatement Annual Report Form ADMIN DISSOLVED 01/14/2013	2. Registered Agent and Office (NOT A P.O. BOX) SCOTT ANDERSON
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. HAILEY HOTEL, LLC JERROLD T LUNDQUIST 36 CROSS HWY #4 PO BOX 9498 WEST REDDING CT 66896	201 S MAIN ST HAILEY ID 83333
REINSTATEMENT FEE DUE: \$30.00	Jackson Wy 83002	3. <u>Naw</u> 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 ☐ Member ☑	JARROLD T. LUNDRUIST JACK	500 y wy US 8302
Manager Member	PO 9498 1645 GANNETT RUAD	
Manager Member		
Manager Member		
5. Organized Under the Lan	i	
IDAHO	Signature:	Date: 7 / 28 / 14
W 33793	Name (type or print):	Title:
Issued 07/28/2014 by online	V JORROS T. KUNDA	JIST MONSER
ESSECTE OF FALT BY CHARGE		