No. W 44704		Due no later than Nov 30, 2015 Annual Report Form 1. Mailing Address: Correct in this box if needed. HWHLII LLC BEN PETERSON 1711 N CHERAPPLE DR OREM UT 84097		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				GARREN APPLE 2890 NW 11TH AVE MERIDIAN ID 83646 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4 Limited Liability Companies: Enter Nar		nes and Addresses of at least one Member or	Manager				
Office Held	Name	Street or PO Addre		City	State	Country	Postal Code
MEMBER BEN PETERS		ON 1171 N CHERAPPLE	DR	OREM	UT		84097
5. Organized Under the Laws of: ID W 44704		6. Annual Report must be signed.* Signature: Ben Peterson Name (type or print): Ben Peterson		Date: 10/28/2015 Title: Manager			
Processed 10/28/2015 * Electronically provided signatures are accepted as original signatures.							