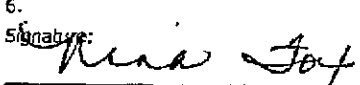


1/26/2018

W 121415

**FILED EFFECTIVE**

<b>No. W 121415</b>		<b>Reinstatement Annual Report Form ADMIN DISSOLVED 04/26/2016</b>		<b>2. Registered Agent and Office (NOT A P.O. BOX)</b> MICHAEL D POGUE 675 SUN VALLEY RD STE A KETCHUM ID 83333	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b> HAUTE WRAP, LLC PO BOX 5419 KETCHUM ID 83340-5419			
<b>REINSTATEMENT FEE DUE: \$30.00</b>				<b>3. <u>New</u> Registered Agent Signature.</b>	
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See instructions.</b>					
<b>Manager or Member</b>		<b>Name</b>	<b>Street or PO Address</b>	<b>City</b>	<b>State Country Postal Code</b>
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>		Nina Fox	PO Box 5419	Ketchum ID	USA 83340
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
<b>5. Organized Under the Laws of:</b>  IDAHO W 121415		<b>6. Signature:</b>  <b>Date:</b> 1-26-18 <b>Name (type or print):</b> NINA FOX <b>Title:</b> OWNER			
Issued 01/26/2018 by online					