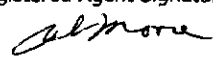
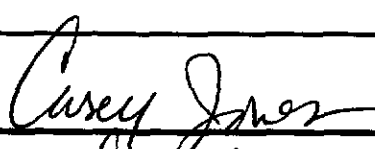
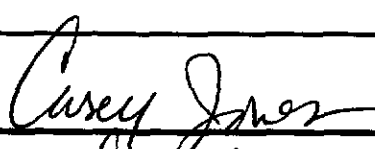
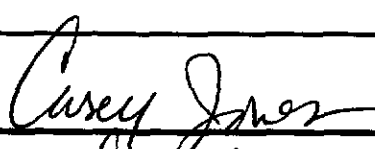


No. W 87418	Reinstatement Annual Report Form ADMIN DISSOLVED 01/06/2011		2. Registered Agent and Office (NOT A P.O. BOX) ROB MOORE <i>2005 INDIANWOOD PARKWAY</i> 1910 NORTHWEST BLVD STE 110 STE 138 COEUR D'ALENE ID 83814															
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. H.P. LIMITED, LLC 807 N MORTON ST COLFAX WA 99111		3. <u>New</u> Registered Agent Signature. 															
4. Limited Liability Companies : Enter Names and Addresses of Managers OR Members. See Instructions.																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 25%;">Name</th> <th style="width: 30%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Manager Member (circle one)</td> <td>Casey Jones</td> <td>807 N Morton St</td> <td>Colfax</td> <td>WA</td> <td></td> <td>99111</td> </tr> </tbody> </table>					Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager Member (circle one)	Casey Jones	807 N Morton St	Colfax	WA		99111
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code												
Manager Member (circle one)	Casey Jones	807 N Morton St	Colfax	WA		99111												
5. Organized Under the Laws of: IDAHO W 87418		6. <table style="width: 100%;"> <tr> <td style="width: 50%;">Signature: </td> <td style="width: 50%;">Date: <u>3/23/2011</u></td> </tr> <tr> <td>Name (type or print): <u>Casey Jones</u></td> <td>Title: <u>Managing Member</u></td> </tr> </table>			Signature: 	Date: <u>3/23/2011</u>	Name (type or print): <u>Casey Jones</u>	Title: <u>Managing Member</u>										
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Issued 03/09/2011 by SLD																		