No. W 162319		Due no later than Feb 28, 2018	2. Registered Agent and Address (NO PO BOX) JOEL PHILLIPS 275 S 5TH AVE STE 151 POCATELLO ID 83201 3. New Registered Agent Signature:*				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. HIAC, LLC C/O JOEL PHILLIPS PO BOX 2986 POCATELLO ID 83206					
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Fotor Nar		nes and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	JOEL PHILLIP	S PO BOX 2986	POCATELLO	ID	USA	83206	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Dean J. Parker	Date: 04/11/2018				
W 162319		Name (type or print): Dean J. Parker	Title: Authorized Agent				
Processed 04/11/2018	rocessed 04/11/2018 * Electronically provided signatures are accepted as original signatures.						