

No. W 134339	Reinstatement Annual Report Form ADMIN DISSOLVED 05/31/2018				
Return to:  SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	<p>1. Mailing Address: <b>Correct in this box if needed.</b></p> <p>HI-RATE SYSTEMS LLC SUSAN Hansen 24047 BATT CORNER RD PARMA ID 83660</p>				
REINSTATEMENT FEE DUE: \$30.00	2. Registered Agent and Office <b>(NOT A P.O. BOX)</b>  SUSAN HANSEN 24047 BATT CORNER RD PARMA ID 83660-8366				
	3. <u>New</u> Registered Agent Signature.				
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.					
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Name	Street or PO Address	City	State	Country
Manager <input type="checkbox"/> Member <input type="checkbox"/>	Susan Hansen 24047 Batt Corner Rd USA 83660 Parma, ID				
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
5. Organized Under the Laws of:		6.			
IDAHO W 134339		Signature:	Date: <u>6/12/2018</u>		
		Name (type or print):	Title: <u>Member</u>		
Issued 06/11/2018 by online					