

No. W 43155	Reinstatement Annual Report Form ADMIN DISSOLVED 12/28/2017		2. Registered Agent and Office (NOT A P.O. BOX) KATHLEEN E CROTTY 7350 DELWOOD DR BOISE ID 83709				
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. HANOVER HOLDINGS, LLC JOSEPH A CROTTY <i>Kathleen E Crotty</i> 7350 DELWOOD DR BOISE ID 83709		3. <u>New</u> Registered Agent Signature.				
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.							
Manager or Member Name Street or PO Address City State Country Postal Code							
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> Manager <input type="checkbox"/> Member <input type="checkbox"/> Manager <input type="checkbox"/> Member <input type="checkbox"/> Manager <input type="checkbox"/> Member <input type="checkbox"/>	<i>Kathleen E. Crotty</i> <i>7350 Delwood Dr., Boise, ID 83709</i>						
5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; font-size: large;"> IDAHO W 43155 </div>		6. <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"> Signature: <i>Kathleen E. Crotty</i> </td> <td style="width: 40%;"> Date: <i>1-16-2018</i> </td> </tr> <tr> <td> Name (type or print): <i>Kathleen E. Crotty</i> </td> <td> Title: <i>Manager/Agent</i> </td> </tr> </table>		Signature: <i>Kathleen E. Crotty</i>	Date: <i>1-16-2018</i>	Name (type or print): <i>Kathleen E. Crotty</i>	Title: <i>Manager/Agent</i>
Signature: <i>Kathleen E. Crotty</i>	Date: <i>1-16-2018</i>						
Name (type or print): <i>Kathleen E. Crotty</i>	Title: <i>Manager/Agent</i>						
Issued 01/08/2018 by TLB							