

No. C 119737	Reinstatement Annual Report Form ADMIN DISSOLVED 09/22/2015		2. Registered Agent and Office (NOT A P.O. BOX) JOHN C MCBRIDE 105 HORIZON PL SHOSHONE ID 83352																					
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. MCBRIDE ENTERPRISES, INC. JOHN C MCBRIDE PO BOX 426 SHOSHONE ID 83352 USA		3. <u>New</u> Registered Agent Signature.																					
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres.																								
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Office Held</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>SECRETARY PRESIDENT</td> <td>JOHN C MCBRIDE</td> <td>PO 426</td> <td>SHOSHONE</td> <td>IDAHO</td> <td>WINCOLON</td> <td>83352</td> </tr> <tr> <td>SECRETARY</td> <td>JAN TACKETT</td> <td>209 CRISTINE LN</td> <td>TWIN FALLS</td> <td>IDAHO</td> <td>TWIN FALLS</td> <td>83301</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	SECRETARY PRESIDENT	JOHN C MCBRIDE	PO 426	SHOSHONE	IDAHO	WINCOLON	83352	SECRETARY	JAN TACKETT	209 CRISTINE LN	TWIN FALLS	IDAHO	TWIN FALLS	83301
Office Held	Name	Street or PO Address	City	State	Country	Postal Code																		
SECRETARY PRESIDENT	JOHN C MCBRIDE	PO 426	SHOSHONE	IDAHO	WINCOLON	83352																		
SECRETARY	JAN TACKETT	209 CRISTINE LN	TWIN FALLS	IDAHO	TWIN FALLS	83301																		
5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold;"> IDAHO C 119737 </div>		6. Signature: <div style="text-align: center;"> <hr/> Name (type or print): JOHN C MCBRIDE </div> <div style="text-align: right; margin-top: 10px;"> Date: 10/14/15 <hr/> Title: PRESIDENT </div>																						
Issued 09/25/2015 by CLH																								

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, fill out Block 2 and attach to the front of the form.