

No. C 162193	Reinstatement Annual Report Form ADMIN DISSOLVED 11/08/2007		2. Registered Agent and Office (NOT A P.O. BOX) VERNE BOGGIS 9 EAST PROSPECTOR CASCADE ID 83611														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. BOGIES ROOFING INC. PO BOX 1167 P.O. BOX 35 CASCADE ID 83611 HORSE SHOE BEAD ID 83629		3. <u>New</u> Registered Agent Signature.														
REINSTATEMENT FEE DUE: \$30.00																	
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>MEMBER MANAGER</td> <td>Verne Boggis</td> <td>P.O. BOX 35</td> <td>HORSE SHOE BEAD</td> <td>IDAHO</td> <td></td> <td>83629</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	MEMBER MANAGER	Verne Boggis	P.O. BOX 35	HORSE SHOE BEAD	IDAHO		83629
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5. Organized Under the Laws of: IDAHO C 162193		6. <table border="1"> <tr> <td>Signature: <i>Verne Boggis</i></td> <td>Date: <i>march 9 2016</i></td> </tr> <tr> <td>Name (type or print): VERNE BOGGIS</td> <td>Title:</td> </tr> </table>		Signature: <i>Verne Boggis</i>	Date: <i>march 9 2016</i>	Name (type or print): VERNE BOGGIS	Title:										
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