| No. C 111697 Return to:  | Reinstatement Annual Report Form ADMIN DISSOLVED 11/10/2010   | 2. Registered Agent and Office (NOT A P.O. BOX)   |
|--|---|---|
| SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080 | 1. Mailing Address: Correct in this box if needed.  KINKEADE, INC.  TIMOTHY STEPHEN KINKEADE  121 E 3RD ST  MOSCOW ID 83843 | TIMOTHY STEPHEN KINKEADE 121 EAST 3RD MOSCOW ID 83843  3. New Registered Agent Signature. |
| reinstatement<br>fee due: \$30.00  |   |   |
| Corporations: Enter Name<br>fice Held Name                                     | es and Business Addresses of President, Secretary, Directors  e Street or PO Address  | s and (optional) Treasurer.   |
|  |   |   |
| resident III   | nothy Kirikeads 12163rdst. 1  | State Country Postal C  |
| rganized Under the Laws of:  | nothy Kirikeado 12163rdst. 1  | 408 cow 10 BRCATAIN 838   |
|  | 6.  | Date: 11 12/10  |

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1:** Pay special attention to the mailing address. If the correct 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.