FILED EFFECTIVE

No. C 76179	Reinstatement Annual Report Form ADMIN DISSOLVED 09/08/2009	2. Registered Agent and Office (NOT A P.O. BOX). STEVEN PETERSON ~~102 MAIN AVE SO STE 6~~ ~~TWIN FALLS, ID 83301~~ 161 6th Ave S #310 Twin Falls, ID 83301
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. PAPA KELSEY'S INC. DALE KELSEY 637 BLUE LAKES, BLV. N. TWIN FALLS ID 83301	3. New Registered Agent Signature.
REINSTATEMENT FEE DUE: $30.00		

4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and(optional) Treasurer.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
Pres	Dale Kelsey	637 Blue Lakes Blvd N	Twin Falls	ID		83301
Sec	Irene Kelsey	637 Blue Lakes Blvd N	Twin Falls	ID		83301

5. Organized Under the Laws of	6.
IDAHO C 76179	Signature: Dale H Kelsey Date: Name (type or print): Dale Kelsey Title: Pres

Issued 12/03/2009 by KAH

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.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; **not a Post Office Box or Personal Mail Box.**

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Enter names and business addresses of president, secretary, and directors. **Note:** Do not put "same as last year" or "same as above". These will not be accepted.

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the corporation. Print or type the name of the signer below the signature.