No. C 158283	Reinstatement Annual Report Form ADMIN DISSOLVED 04/14/2014	2. Registered Agent and Office (NOT A P.O. BOX) DOUG BOURKLAND 3612 OVERLAND RD BOISE ID 83705
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Malling Address: Correct in this box if needed. IDAHO DISTRIBUTION SERVICES, INC. DOUG BOURKLAND 3612 OVERLAND RD BOISE ID 83705	
REINSTATEMENT FEE DUE: \$30.00		3. New Registered Agent Signature.
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. Office Held Name Street or PO Address City State Country Postal Code President Doug Bourkland 3612 Overland RJ. Boise ID USA 83705		
5. Organized Under the Lav IDAHO C 158283	Signature:	Date:
Issued 06/10/2014 by DK1	Name (type or print): Dous Bouckland	Ofresident

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, 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: <u>DO NOT</u> put "same as last year" or "same as above". These will not be accepted. Changes here will not affect the address in Block 1. If more space is needed please add an attachment