

# REINSTATEMENT

<b>No.</b> C 111189  <b>Return to:</b> SECRETARY OF STATE 700 WEST JEFFERSON P.O. BOX 83720 BOISE, ID 83720-0080  <b>FEE DUE</b> \$30.00 <b>Adm Diss.</b> 2/10/99	<b>Annual Report Form</b>  <b>1. Mailing Address - Please Correct, If Not Correct</b>  JUSTINEN CREATIVE GROUP, INC. <del>DOUGLAS W. JUSTINEN</del> 110 12TH AVE S NAMPA ID 83651	<b>2. Registered Agent and Office NOT A P.O. BOX</b> <del>LARS JUSTINEN</del> <del>DOUGLAS W. JUSTINEN</del> 110 12TH AVE S NAMPA ID 83651  <b>3. Organized Under the Laws of:</b> ID C 111189												
<b>4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors</b> <b>Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)</b>  <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 P.O. Address</th> <th style="text-align: left;">City</th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>LARS JUSTINEN</td> <td>110 12 AVE S.</td> <td>NAMPA</td> </tr> <tr> <td>SECRETARY/TREAS.</td> <td>KIM JUSTINEN</td> <td>110 12 AVE S.</td> <td>NAMPA</td> </tr> </tbody> </table>			Office Held	Name	Street or P.O. Address	City	PRESIDENT	LARS JUSTINEN	110 12 AVE S.	NAMPA	SECRETARY/TREAS.	KIM JUSTINEN	110 12 AVE S.	NAMPA
Office Held	Name	Street or P.O. Address	City											
PRESIDENT	LARS JUSTINEN	110 12 AVE S.	NAMPA											
SECRETARY/TREAS.	KIM JUSTINEN	110 12 AVE S.	NAMPA											
<b>5. Signature of New Registered Agent</b>  	<b>6.</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Signature </td> <td style="width: 40%;">Date July 2<sup>nd</sup> 99</td> </tr> <tr> <td>Name (Typed or Printed) LARS JUSTINEN</td> <td>Title President</td> </tr> </table>		Signature	Date July 2 <sup>nd</sup> 99	Name (Typed or Printed) LARS JUSTINEN	Title President								
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Name (Typed or Printed) LARS JUSTINEN	Title President													

JUL 2 2 22 PM '99  
 SECRETARY OF STATE  
 ID 83651

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

- 1.) Please pay special attention to the mailing address. If it is incorrect, please make the appropriate corrections.  
**NOTE:** The name of the business entity cannot be altered on the annual report form.
- 2.) If the registered agent has changed or moved, please make that correction on this form. The registered agent must be found IN IDAHO at a PHYSICAL ADDRESS. PO Boxes WILL NOT be accepted. If report is for a Limited Liability please refer to #4 below.
- 3.) Corporation: Enter names and addresses of ONLY the president, secretary, and directors in block 4.  
 Limited Liability Company: Enter the names and addresses of the managers or members in block 4.  
**NOTE:** Putting "same as last year" WILL NOT be accepted.
- 4.) Limited Liability Company: If the registered agent has been changed in block 2, then the NEW registered agent must accept that position by signing in block 5.
- 5.) Corporation: Block 6 must be signed by an officer or chairman of the board of the corporation. Signer must specify his or her title.  
 Limited Liability Company: Block 6 must be signed by a manager or member, who must specify his or her title.
- 6.) If new registered Agent, please sign block 5.

IDAHO SECRETARY OF STATE

07/02/1999 09:00  
 CK: 2576 CT: 72678 RN: 231168

1 @ 30.00 = 30.00 CORP REINS # 2