

No. C 159068	Reinstatement Annual Report Form ADMIN DISSOLVED 05/14/2014		2. Registered Agent and Office (NOT A P.O. BOX)																					
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00			1. Mailing Address: Correct in this box if needed. LOWMAN LOG WORKS INC. WADE D OVERLIE 11 VICTORY LN LOWMAN ID 83637	WADE D OVERLIE 11 VICTORY LN LOWMAN ID 83637 3. <u>New</u> Registered Agent Signature.																				
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>President</td> <td>Wade Overlie</td> <td>11 Victory Ln Lowman ID</td> <td>Boise</td> <td>ID</td> <td></td> <td>83637</td> </tr> <tr> <td>Secretary</td> <td>Shelly Overlie</td> <td>11 Victory Lane Lowman ID</td> <td>Boise</td> <td>ID</td> <td></td> <td>83637</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Wade Overlie	11 Victory Ln Lowman ID	Boise	ID		83637	Secretary	Shelly Overlie	11 Victory Lane Lowman ID	Boise	ID		83637
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5. Organized Under the Laws of: IDAHO C 159068	6. Signature: <u>Shelly A. Overlie</u> Name (type or print): <u>Shelly A. Overlie</u>			Date: <u>May 21, 2014</u> Title: <u>Secretary</u>																				

Issued 05/21/2014 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM