No. C 160329	Reinstatement Annual Report Form ADMIN DISSOLVED 08/07/2008	2. Registered Agent and Office (NOT A P.O. BOX) ANGIE LEONARD 10626 W SKYCREST BOISE ID 83713
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. SPRAY MASTERS, INC. 10626 W SKYCREST BOISE ID 83713	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	Angie Leonard	10626 W SKYCREST	BOISE	ID	ADO	83713

5. Organized Under the Laws of:	6.
IDAHO C 160329	Signature: Angie Leonard Date: 11-3-09 Name (type or print): Angie Leonard Title: Pres

Issued 11/03/2009 by CLH