No. C 168857	Reinstatement Annual Report Form ADMIN DISSOLVED 12/09/2011	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	1. **Mailing Address: Correct in this box if needed.** SEMCOAT, INC. KARL T BONAR ~~3321 CRANE CREEK ROAD~~ ~~BOISE ID 83702 USA~~ 4229 N. GINZEL ST BOISE, ID 83703	KARL T BONAR ~~3321 CRANE CREEK ROAD~~ ~~BOISE ID 83702~~ 4229 N. GINZEL ST BOISE, ID 83703
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	KARL BONAR	4229 N. GINZEL ST	BOISE	ID	USA	83703

5. Organized Under the Laws of:	6.
IDAHO C 168857	Signature: _____ Date: 12/4/2012 Name (type or print): KARL BONAR Title: PRESIDENT

Issued 12/04/2012 by CLH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM