

No. C 141359	Reinstatement Annual Report Form ADMIN DISSOLVED 02/11/2013		2. Registered Agent and Office (NOT A P.O. BOX) KIMBERLY A OSTROM 565 WASHINGTON ST N TWIN FALLS ID 83301														
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. T. K. O., INC. JARED M HUNT 585 WASHINGTON ST N TWIN FALLS ID 83301		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>Todd Ostrom</td> <td>585 Washington St.</td> <td>Twin Falls,</td> <td>Id</td> <td>USA</td> <td>83301</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Todd Ostrom	585 Washington St.	Twin Falls,	Id	USA	83301
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
President	Todd Ostrom	585 Washington St.	Twin Falls,	Id	USA	83301											
5. Organized Under the Laws of: IDAHO C 141359	6. Signature:  Name (type or print): Jared Hunt		Date: 2/14/13 Title: CFO														

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM