


No. C 207903	Reinstatement Annual Report Form ADMIN DISSOLVED 02/24/2017		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. GAP INSURANCE SERVICES, INC. PO BOX 5129 TWIN FALLS ID 83303		GREG PAULSON 2301 SETTLERS LANE TWIN FALLS ID 83301 834 Falls Ave. Suite 1250 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>Greg Paulson</td> <td>PO Box 5129</td> <td>Twin Falls</td> <td>ID</td> <td></td> <td>83303</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Greg Paulson	PO Box 5129	Twin Falls	ID		83303
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
President	Greg Paulson	PO Box 5129	Twin Falls	ID		83303											
5. Organized Under the Laws of: IDAHO C 207903		6. Signature:  Date: 4/17/17 Name (type or print): Greg Paulson Title: President															
Issued 04/17/2017 by online																	