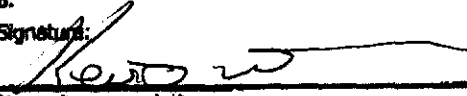


No. C 49652	Reinstatement Annual Report Form ADMIN DISSOLVED 09/20/2012		2. Registered Agent and Office (NOT A P.O. BOX) GARY M JENKINS 705 TERRACE DRIVE IDAHO FALLS ID 83401																					
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. JENKINS GLASS, INC. GARY M JENKINS PO BOX 50559 IDAHO FALLS ID 83405		3. <u>New</u> Registered Agent Signature.																					
REINSTATEMENT FEE DUE: \$30.00																								
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>Gary M. Jenkins</td> <td>705 Terrace Dr.</td> <td>IF</td> <td>ID</td> <td></td> <td>83402</td> </tr> <tr> <td>Secretary</td> <td>Kevin W. Jenkins</td> <td>2469 N. 26 W</td> <td>IF</td> <td>ID</td> <td></td> <td>83402</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Gary M. Jenkins	705 Terrace Dr.	IF	ID		83402	Secretary	Kevin W. Jenkins	2469 N. 26 W	IF	ID		83402
Office Held	Name	Street or PO Address	City	State	Country	Postal Code																		
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Secretary	Kevin W. Jenkins	2469 N. 26 W	IF	ID		83402																		
5. Organized Under the Laws of: IDAHO C 49652	6. Signature:  Name (type or print): <u>Kevin W. Jenkins</u> Date: <u>9-26-12</u> Title: <u>Secretary</u>																							

Issued 09/26/2012 by SLB

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Notes:** To ensure future mailings, the corrected address must be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Notes:** The office of the registered agent must be at a street address in Idaho, not a Post Office Box or Personal Mail Box.

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Enter names and business addresses of president, secretary, and directors. **Notes:** DO NOT put "same as last year" or "same as above". These will not be accepted. Changes here will not affect the address in Block 1. If more space is needed please add an attachment.

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the corporation. Print or type the name of the signer below the signature.

**** The image of this form will be available on the Internet once it has been filed. DO NOT enter Social Security numbers.**

If the corporation is no longer doing business in Idaho, you may file the appropriate form. Forms are available on the website at www.sos.idaho.gov. However, if no timely annual report is filed, administrative action will be taken, at no cost to the corporation to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.