

No. C 161389		Reinstatement Annual Report Form ADMIN DISSOLVED 10/05/2011		2. Registered Agent and Office (NOT A P.O. BOX) MICHELLE SANDOZ 416 S MAIN ST STE 204 HAILEY ID 83333															
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. SANDOZ INC. MICHELLE L SANDOZ PO BOX 3117 HAILEY ID 83333		3. New Registered Agent Signature.															
REINSTATEMENT FEE DUE: \$30.00																			
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.																			
<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>Pres</td><td>Michelle L Sandoz</td><td>PO Box 3117</td><td>Hailey</td><td>Id</td><td>USA</td><td>83333</td></tr></tbody></table>						Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Pres	Michelle L Sandoz	PO Box 3117	Hailey	Id	USA	83333
Office Held	Name	Street or PO Address	City	State	Country	Postal Code													
Pres	Michelle L Sandoz	PO Box 3117	Hailey	Id	USA	83333													
5. Organized Under the Laws of: IDAHO C 161389		6. <table border="1"><tr><td>Signature: </td><td>Date: 6/30/12</td></tr><tr><td>Name (type or print): Michelle Sandoz</td><td>Title: President</td></tr></table>				Signature: 	Date: 6/30/12	Name (type or print): Michelle Sandoz	Title: President										
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM