

No. C 165639	Reinstatement Annual Report Form ADMIN DISSOLVED 06/04/2009		2. Registered Agent and Office (NOT A P.O. BOX) NICOLE M JOHNSON 245 GENA WAY MCCALL ID 83638														
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. SNOWFLAKE CORP. PO BOX 2488 MCCALL ID 83638		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>Nicole Pietri</td> <td>Box 2902</td> <td>McCall</td> <td>ID</td> <td>Valley</td> <td>83638</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	president	Nicole Pietri	Box 2902	McCall	ID	Valley	83638
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
president	Nicole Pietri	Box 2902	McCall	ID	Valley	83638											
5. Organized Under the Laws of: IDAHO C 165639		6. Signature: <u>Nicole M Pietri</u> Name (type or print): <u>Nicole m Pietri</u> Date: <u>5/20/16</u> Title: <u>Pres</u>															

Issued 05/20/2016 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM