


No. C 117806	Reinstatement Annual Report Form ADMIN DISSOLVED 04/26/2016		2. Registered Agent and Office (NOT A P.O. BOX) SCOTT ROSSE 623 GREY PEBBLE PL EAGLE ID 83616														
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. NOBLE FRAMING, INC. SCOTT ROSSE 623 GREY PEBBLE PLACE EAGLE ID 83616		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>Scott Rosse</td><td>623 Grey Pebble Pl.</td><td>Eagle</td><td>ID</td><td></td><td>83616</td></tr></tbody></table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Scott Rosse	623 Grey Pebble Pl.	Eagle	ID	
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
President	Scott Rosse	623 Grey Pebble Pl.	Eagle	ID		83616											
5. Organized Under the Laws of: IDAHO C 117806	6. Signature:  Name (type or print): <u>Scott Rosse</u> Date: <u>12-20-17</u> Title: _____																