

No. C 127696	Reinstatement Annual Report Form ADMIN DISSOLVED 05/25/2016		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	1. Mailing Address: Correct in this box if needed. DAVE ADAMS WINDSHIELD DOCTOR, INC. DAVID L ADAMS 5006 FAIRVIEW AVE BOISE ID 83706-1758		DAVE ADAMS 5006 FAIRVIEW AVE BOISE ID 83706-1758														
REINSTATEMENT FEE DUE: \$30.00			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>DAVID L ADAMS</td><td>5006 FAIRVIEW</td><td>BOISE</td><td>ID</td><td></td><td>83706</td></tr></tbody></table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	PRESIDENT	DAVID L ADAMS	5006 FAIRVIEW	BOISE	ID		83706
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
PRESIDENT	DAVID L ADAMS	5006 FAIRVIEW	BOISE	ID		83706											
5. Organized Under the Laws of: IDAHO C 127696	6. Signature:  Name (type or print): <u>DAVID L ADAMS</u>			Date: <u>12/29/2016</u> Title: <u>PRESIDENT</u>													
Issued 12/29/2016 by online																	