

No. C 116024	Reinstatement Annual Report Form ADMIN DISSOLVED 11/05/2009		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 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed.		RANDY HAZEN 1151 ADDISON AVE W TWIN FALLS ID 83301
	PIRANHA KNIFE COMPANY RANDY HAZEN PO BOX 5934 TWIN FALLS ID 83303		3. New Registered Agent Signature.
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.			
Office Held	Name	Street or PO Address	City State Country Postal Code
President	Randy Hazen	1356 Julie Lane	Twin Falls, Idaho 83301
V. President	Josh Hazen	2193 Candlewood	Twin Falls, Idaho 83301
Treasurer	Randy Hazen	1356 Julie Lane	Twin Falls, Idaho 83301
5. Organized Under the Laws of:		6.	
IDAHO C 116024		Signature: <u>Randy Hazen</u>	Date: <u>12-01-2009</u>
		Name (type or print): <u>Randy Hazen</u>	Title: <u>President</u>
Issued 11/23/2009 by SL1			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address. **Note:** 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. **Note:** 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. **Note:** **Do not** put "same as last year" or "same as above". These will not be accepted.

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.