


No. C 168509	Reinstatement Annual Report Form ADMIN DISSOLVED 11/10/2010		2. Registered Agent and Office (NOT A P.O. BOX) DENNIS LAMUN 1063 S 2600 E HAZELTON ID 83335	
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. DENNIS LAMUN CONSULTING, INC. DENNIS LAMUN 1063 S 2600 E HAZELTON ID 83335		3. <u>New</u> 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
PRES	Lamun, Dennis M.	1063 S 2600 E	HAZELTON	ID	USA	83335
DIR	Lamun, Shirley J.					

5. Organized Under the Laws of: <div style="text-align: center; padding: 10px;"> IDAHO C 168509 </div>	6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> Signature:  Name (type or print): <u>Dennis M. Lamun</u> </div> <div style="width: 35%;"> Date: <u>Nov 22, 2010</u> Title: <u>President</u> </div> </div>
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Issued 11/18/2010 by SLD

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM