

FILED EFFECTIVE

No. C 188704	Reinstatement Annual Report Form ADMIN DISSOLVED 01/13/2012		2. Registered Agent and Office (Not a P.O. Box)																					
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 113720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. LENZ INCORPORATED BROCK M LENZ <i>Samantha Lenz</i> PO BOX 848 GLENNS FERRY ID 83623	BROCK M LENZ 1835 COMMERCIAL ST GLENNS FERRY ID 83623 3. New 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>Treasurer/Secretary</td> <td>Samantha Lenz</td> <td>Box 848</td> <td>Glenns Ferry</td> <td>ID</td> <td></td> <td>83623</td> </tr> <tr> <td>President</td> <td>Brock Lenz</td> <td>Box 848</td> <td>Glenns Ferry</td> <td>ID</td> <td></td> <td>83623</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Treasurer/Secretary	Samantha Lenz	Box 848	Glenns Ferry	ID		83623	President	Brock Lenz	Box 848	Glenns Ferry	ID		83623
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5. Organized Under the Laws of: IDAHO C 188704	6. Signature: <i>Samantha Lenz</i> Name (type or print): Samantha Lenz		Date: 7/31/13 Title: Treasurer/Secretary																					

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