
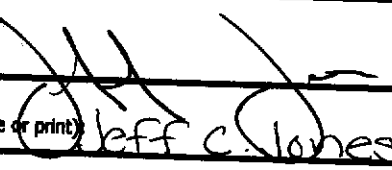


No. C 173585		Reinstatement Annual Report Form ADMIN DISSOLVED 09/07/2010		2. Registered Agent and Office (NOT A P.O. BOX) ROBERT KORB Jeff Jones 128 SADDLE RD STE 103 270 Northwood Way KETCHUM ID 83340 Ste 101 Ketchum, ID 83340	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  AIRPORT BUSINESS AND STORAGE ASSOCIATION, INC.  PO BOX 3767 P.O. Box 1441 BELLEVUE WA 98009-3767 Ketchum, ID 83340		3. New Registered Agent Signature. 	
REINSTATEMENT FEE DUE: \$30.00		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  Directors { Jeff Foushee } P.O. Box 3767 Bellevue, WA { Loch Anderson } 98009-3767 { Robert Raab } Treasurer Jeff C. Jones Box 1441 Ketchum ID 83340			
5. Organized Under the Laws of:  IDAHO C 173585		6. Signature:  Date: 10/6/10 Name (type or print): Jeff C. Jones Title: Treasurer			

Issued 10/06/2010 by DK1

### 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.