

No. C 149182	Reinstatement Annual Report Form ADMIN DISSOLVED 08/06/2009		2. Registered Agent and Office (NOT A P.O. BOX) STEVEN P FRYE 316 N 2ND AVE STE 2 SANDPOINT ID 83864 302 Cottonwood Drive Sagle, ID 83860																					
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. EAGLE EYE INSPECTIONS, INC. 216 N 2ND AVE STE 2 P. O. Box 272 SANDPOINT ID 83864 Sagle, ID 83860		3. <u>New</u> Registered Agent Signature.																					
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer. <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>Pres/V.P.</td> <td>Steven P. Frye</td> <td>P. O. Box 272,</td> <td>Sagle,</td> <td>ID</td> <td></td> <td>83860</td> </tr> <tr> <td>Scty/Treas.</td> <td>Dave Slyster</td> <td>12950 W. Pine St. Loop,</td> <td>Sandpoint,</td> <td>ID</td> <td></td> <td>83864</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Pres/V.P.	Steven P. Frye	P. O. Box 272,	Sagle,	ID		83860	Scty/Treas.	Dave Slyster	12950 W. Pine St. Loop,	Sandpoint,	ID		83864
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5. Organized Under the Laws of: IDAHO C 149182	6. Signature: <u>Steven P. Frye</u> Name (type or print): <u>Steven P. Frye</u> Date: <u>6-19-12</u> Title: <u>President</u>																							

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing 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.