No. C 174402	Reinstatement Annual Report Form ADMIN DISSOLVED 11/14/2012	2. Registered Agent and Office (NOT A P.O. BOX) DAVID BRAHS 208 JACKS LN DONNELLY ID 83638
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. MOUNTAIN UTILITY INC. RACHEL R BRAHS PO BOX 1210 DONNELLY ID 83615	
REINSTATEMENT FEE DUE: \$30.00		3. <u>New</u> Registered Agent Signature.
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. Office Held Name Street or PO Address City State Country Postal Code Vice Pres. Postal Code Vice Pres. Rach Brahs Secretary treas Rach Brahs Note President, Secretary, Directors, Treasurer, Vice Pres. City State Country Postal Code Vice Pres. Rach Brahs Note President, Secretary, Directors, Treasurer, Vice Pres. President Resident Rach Brahs Note President, Secretary, Directors, Treasurer, Vice Pres. President Resident Residen		
5. Organized Under the Laws	s of: 6. Signature:	Dato
C 174402	Name (type or print): Rachel Brahs	Date: 9/19/13 Title: Secretary
Issued 09/11/2013 by SLD		

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM