

No. C 35157	Reinstatement Annual Report Form ADMIN DISSOLVED 04/21/2015		2. Registered Agent and Office (NOT A P.O. BOX) CARLENE E SKELTON 0222 FIRST ST LEWISTON ID 83501																					
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. SKELTON'S, INC. CARLENE E SKELTON PO BOX 605 LEWISTON ID 83501 USA		3. <u>New</u> 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>President</td> <td>CARLENE E. SKELTON</td> <td>1005 Hemlock Ave</td> <td>Lewiston</td> <td>ID</td> <td>Nez Perce</td> <td>83501</td> </tr> <tr> <td>Secretary</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	CARLENE E. SKELTON	1005 Hemlock Ave	Lewiston	ID	Nez Perce	83501	Secretary						
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Issued 05/27/2015 by online

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