

No. C 162044	Reinstatement Annual Report Form ADMIN DISSOLVED 11/14/2012		2. Registered Agent and Office (NOT A P.O. BOX) CAREY LOMBARDO 4255 BRAVEHEART EAGLE ID 83616																						
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. C.L. REAL ESTATE INC. CAREY LOMBARDO 4255 BRAVEHEART EAGLE ID 83616		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>President</td> <td>Carey Lombardo</td> <td>4255 W. Braveheart</td> <td>Eagle ID</td> <td>Ada</td> <td></td> <td>83616</td> </tr> <tr> <td>Director</td> <td>Chris Lombardo</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	Carey Lombardo	4255 W. Braveheart	Eagle ID	Ada		83616	Director	Chris Lombardo	"	"	"		"
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Director	Chris Lombardo	"	"	"		"																			
5. Organized Under the Laws of: IDAHO C 162044		6. Signature: <u>Carey Lombardo</u> Date: <u>2/2/18</u> Name (type or print): <u>Carey Lombardo</u> Title: _____																							

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM