| No. C 131915 | Reinstatement Annual Report Form<br>ADMIN DISSOLVED 04/21/2015 | 2. Registered Agent and Office<br>**(NOT A P.O. BOX)** |
|---|---|---|
| Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080 | 1. **Mailing Address: Correct in this box if needed.**<br>QUEST INTEGRATION, INC.<br>DAVID MINERATH<br>~~721 LOCHSA STREET SUITE 15~~<br>POST FALLS ID 83854 USA<br>104 S Moyle Street | DAVID MINERATH<br>~~721 LOCKSA ST STE 15~~<br>POST FALLS ID 83854<br>104 Moyle Street |
| **REINSTATEMENT FEE DUE:** $30.00 | | 3. New Registered Agent Signature.<br>[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 |
|---|---|---|---|---|---|---|
| President | David Minerath | 104 S Moyle St | Post Falls | ID | | 8385[illegible] |
| | Kootenai County | | | | | |
| VP/Secretary | Diane Minerath | 104 S Moyle St | Post Falls | ID | | 83854 |
| | Kootenai County | | | | | |

| 5. Organized Under the Laws of: | 6. |
|---|---|
| IDAHO<br>C 131915 | Signature: [signature] Date: 5-1-15<br>Name (type or print): David Minerath Title: President |

Issued 05/01/2015 by online

## 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 [illegible] shown in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the