


No. C 90107	Reinstatement Annual Report Form ADMIN DISSOLVED 11/30/2017		2. Registered Agent and Office (NOT A P.O. BOX) D. JOSEPH MIRE NORTH 907 FIFTH AVENUE SANDPOINT ID 83864																					
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. MIRE INC. DONALD J MIRE NORTH 907 FIFTH AVENUE SANDPOINT ID 83864		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>D. Joseph MIRE</td> <td>1063 Granite Ridge DR,</td> <td>Sandpoint</td> <td>ID</td> <td>83864</td> <td></td> </tr> <tr> <td>Secretary</td> <td>Leigh S. MIRE</td> <td>1063 Granite Ridge DR,</td> <td>Sandpoint</td> <td>ID</td> <td>83864</td> <td></td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	D. Joseph MIRE	1063 Granite Ridge DR,	Sandpoint	ID	83864		Secretary	Leigh S. MIRE	1063 Granite Ridge DR,	Sandpoint	ID	83864	
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5. Organized Under the Laws of: IDAHO C 90107	6. Signature:  Name (type or print): <u>D Joseph Mire</u>			Date: <u>1-8-2018</u> Title: <u>President</u>																				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM