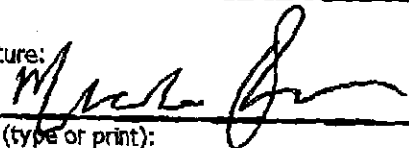
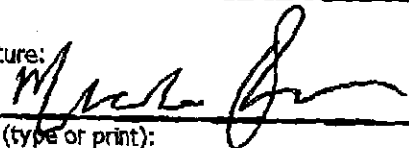
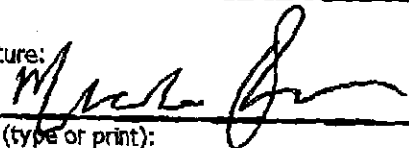


No. C 207552 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 01/24/2017 1. Mailing Address: Correct in this box if needed. SCOTT MITCHEL ENTERPRISES, INC. 5916 PORT AVE #102 BOISE ID 83703 11026 USTICK RD. #104 BOISE, ID. 83713	2. Registered Agent and Office (NOT A P.O. BOX) REGISTERED AGENTS INC 1900 NORTHWEST BLVD STE 106A COEUR D'ALENE ID 83814 MICHAEL OLSON 11026 USTICK RD. #104 BOISE, ID. 83713 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>MICHAEL OLSON</td> <td>11026 USTICK RD. #104</td> <td>BOISE</td> <td>ID.</td> <td>ADA</td> <td>83713</td> </tr> </tbody> </table>			Office Held	Name	Street or PO Address	City	State	Country	Postal Code	PRESIDENT	MICHAEL OLSON	11026 USTICK RD. #104	BOISE	ID.	ADA	83713
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5. Organized Under the Laws of: IDAHO C 207552	6. <table border="1"> <tr> <td>Signature:</td> <td>Date:</td> </tr> <tr> <td></td> <td>6-27-18</td> </tr> <tr> <td>Name (type or print):</td> <td>Title:</td> </tr> <tr> <td>MICHAEL OLSON</td> <td>PRES</td> </tr> </table>		Signature:	Date:		6-27-18	Name (type or print):	Title:	MICHAEL OLSON	PRES						
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