No. C 199271	Reinstatement Annual Report Form ADMIN DISSOLVED 12/01/2014  1. Mailing Address: Correct in this box if needed. SUPERIOR MANAGEMENT SPECIALISTS, INC. 1521 WESTLAND AVE IDAHO FALLS ID 83402			2. Registered Agent and Office (NOT A P.O. BOX)  JOHN WIECE 1521 WESTLAND AVE IDAHO FALLS ID 83402  3. New Registered Agent Signature.		
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080						
REINSTATEMENT FEE						
Corporations: Enter	Names and E	Business Addresses o Vice Pres.	f Presider	nt, Secretary	Directors, Treasu	ırer,
<b>Office Held</b> Pres JOh	Name n Wiece 15	Street or PO Address 21 Westland AV	City	State Country	/ Postal Code	
		Street or PO Address	City	•	/ Postal Code	
	n Wiece 15	Street or PO Address 21 Westland AV	City	•	Postal Code	
Pres JOh	n Wiece 15	Street or PO Address 21 Westland AV	City IF ID	•	Postal Code  Date:	
Pres JOh	n Wiece 15  vs of: 6. Signature:	Street or PO Address 21 Westland AV	City	•	Date: 1/12/15	
Pres JOh  Organized Under the Law	n Wiece 15 vs of: 6. Signature: Name (type	Street or PO Address 21 Westland AV e or print):	City IF ID	•		