No. C 111318	Reinstatement Annual Report Form ADMIN DISSOLVED 10/06/2009	2. Registered Agent and Office **(NOT A P.O. BOX)** MIKE FISCARELLI 840 N CALEDONIA PL EAGLE ID 83616
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	**1. Mailing Address: Correct in this box if needed.** NTS, INC. MIKE FISCARELLI 840 N CALEDONIA PL EAGLE ID 83616	3. New Registered Agent Signature.
REINSTATEMENT **FEE DUE:** $30.00		

4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and(optional) Treasurer.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
President	Michael Fiscarelli	760 E. King St. Ste 101	Meridian	ID		83642
V.P.	Wendi Fiscarelli	760 E. King St. Ste 101	Meridian	ID		83642
Secretary/Bookkeeper	Tawni Weissinger	760 E. King St.	Meridian	ID		83642

5. Organized Under the Laws of:

IDAHO
C 111318

6.

Signature: [signature] Date: 9-20-10

Name (type or print): Michael Fiscarelli Title: Pres.

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