

REINSTATEMENT

No. C 102978	Annual Report Form ADMIN DISSOLVED 11/08/2002		2. Registered Agent and Office NOT A P.O. BOX																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 FEE DUE \$30.00	1 Mailing Address - Correct in this box, if applicable KORNER KLUB, INC. NELLIE MOTTERN <i>Lou Mourning</i> 803 MAIN ST. MARIES, ID 83861		NELLIE MOTTERN <i>Lou Mourning</i> 803 MAIN ST. MARIES, ID 83861 3. New registered agent signature <i>Lou Mourning</i>																			
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)																						
<table border="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td><i>President</i></td> <td><i>Lou Mourning</i></td> <td><i>2313 Kootenai</i></td> <td><i>ST MARIES</i></td> <td><i>ID</i></td> <td><i>83861</i></td> </tr> <tr> <td><i>Secy</i></td> <td><i>Jerry Best</i></td> <td><i>PO Box 263</i></td> <td><i>Malden</i></td> <td><i>WA</i></td> <td><i>99149</i></td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	<i>President</i>	<i>Lou Mourning</i>	<i>2313 Kootenai</i>	<i>ST MARIES</i>	<i>ID</i>	<i>83861</i>	<i>Secy</i>	<i>Jerry Best</i>	<i>PO Box 263</i>	<i>Malden</i>	<i>WA</i>	<i>99149</i>
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5. Organized under the laws of: IDAHO C 102978		6. Signature <i>Lou Mourning</i> Date <i>11/18/02</i> Name (Typed or Printed) <i>Lou Mourning</i> Title <i>President</i>																				

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