

No. C 148523	Reinstatement Annual Report Form ADMIN DISSOLVED 07/15/2014		2. Registered Agent and Office (NOT A P.O. BOX) PATRICK BOYLE <i>Michael E. Boyle</i> 210 EQUUS LOOP 77 <i>Freedom loop</i> BELLEVUE ID 83313														
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. BOYLE CONSTRUCTION, INC. PATRICK BOYLE <i>Michael E. Boyle</i> PO BOX 3248 <i>PO Box 2685</i> HAILEY ID 83333		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>Michael E Boyle</td> <td>PO Box 2685</td> <td>Hailey</td> <td>ID</td> <td>US</td> <td>83333</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Michael E Boyle	PO Box 2685	Hailey	ID	US	83333
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
President	Michael E Boyle	PO Box 2685	Hailey	ID	US	83333											
5. Organized Under the Laws of: IDAHO C 148523		6. Signature:  Name (type or print): <u>Michael E. Boyle</u> Date: <u>5/6/14</u> Title: <u>President</u>															

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM