

| No. <b>C 161099</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Reinstatement Annual Report Form<br/>ADMIN DISSOLVED 09/08/2009</b>                                                                                              |                      | 2. Registered Agent and Office (NOT A P.O. BOX)<br><b>DAVID SANFORD<br/>4464 S AMMON RD<br/>IDAHO FALLS ID 83406</b>                                                                                             |                                  |                      |                                             |                              |         |             |           |               |                  |                 |  |  |                     |                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------|---------------------------------------------|------------------------------|---------|-------------|-----------|---------------|------------------|-----------------|--|--|---------------------|------------------------------------|
| Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>REINSTATEMENT<br/>FEE DUE: \$30.00</b>                                                                                                                                                                                                                                                                                                                                              | 1. Mailing Address: Correct in this box if needed.<br><br><b>CASCADE LANDSCAPE &amp; DESIGN, CO.<br/>DAVID SANFORD<br/>4464 S AMMON RD<br/>IDAHO FALLS ID 83406</b> |                      |                                                                                                                                                                                                                  |                                  |                      |                                             |                              |         |             |           |               |                  |                 |  |  |                     |                                    |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.<br><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>David Sanford</td> <td>4464 S. Ammon Rd</td> <td>Idaho Falls, ID</td> <td></td> <td></td> <td>Bonneville<br/>83406</td> </tr> </tbody> </table> |                                                                                                                                                                     |                      | Office Held                                                                                                                                                                                                      | Name                             | Street or PO Address | City                                        | State                        | Country | Postal Code | President | David Sanford | 4464 S. Ammon Rd | Idaho Falls, ID |  |  | Bonneville<br>83406 | 3. New Registered Agent Signature. |
| Office Held                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Name                                                                                                                                                                | Street or PO Address | City                                                                                                                                                                                                             | State                            | Country              | Postal Code                                 |                              |         |             |           |               |                  |                 |  |  |                     |                                    |
| President                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | David Sanford                                                                                                                                                       | 4464 S. Ammon Rd     | Idaho Falls, ID                                                                                                                                                                                                  |                                  |                      | Bonneville<br>83406                         |                              |         |             |           |               |                  |                 |  |  |                     |                                    |
| 5. Organized Under the Laws of: <b>IDAHO<br/>C 161099</b>                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                     |                      | 6. <table border="1"> <tr> <td>Signature: <i>Melanie Harris</i></td> <td>Date: 9/16/09</td> </tr> <tr> <td>Name (type or print): <i>Melanie Harris</i></td> <td>Title: <i>office manager</i></td> </tr> </table> | Signature: <i>Melanie Harris</i> | Date: 9/16/09        | Name (type or print): <i>Melanie Harris</i> | Title: <i>office manager</i> |         |             |           |               |                  |                 |  |  |                     |                                    |
| Signature: <i>Melanie Harris</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Date: 9/16/09                                                                                                                                                       |                      |                                                                                                                                                                                                                  |                                  |                      |                                             |                              |         |             |           |               |                  |                 |  |  |                     |                                    |
| Name (type or print): <i>Melanie Harris</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                | Title: <i>office manager</i>                                                                                                                                        |                      |                                                                                                                                                                                                                  |                                  |                      |                                             |                              |         |             |           |               |                  |                 |  |  |                     |                                    |

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**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**