




<b>No. C 194960</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 09/23/2014</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> SCOTT R SEEDALL 1192 S. 52ND E. IDAHO FALLS ID 83401
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. <b>Mailing Address: Correct in this box if needed.</b> KYANI CARING HANDS, INC. SCOTT R SEEDALL PO BOX 3179 IDAHO FALLS ID 83403		3. <u>New</u> Registered Agent Signature.
<b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>			

4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	KIRK HANSEN	2738 W HONEYSUCKLE	IDAHO FALLS	ID	BONNEVILLE	83402
DIRECTOR	REBECCA HANSEN	"	"	"	"	"
DIRECTOR	CARL B TAYLOR	2700 N 35TH W	IDAHO FALLS	ID	BONNEVILLE	83402
DIRECTOR	LINDA TAYLOR	"	"	"	"	"
SEC	Scott Seedall	PO BOX 3179	IF	ID		83403

5. Organized Under the Laws of:  <div style="text-align: center; font-size: 1.2em;">             IDAHO C 194960           </div>	6. <table style="width: 100%;"> <tr> <td style="width: 60%;">           Signature:             Name (type or print): <u>KIRK HANSEN</u> </td> <td style="width: 40%;">           Date: <u>2/2/15</u>            Title: <u>DIRECTOR</u> </td> </tr> </table>	Signature:  Name (type or print): <u>KIRK HANSEN</u>	Date: <u>2/2/15</u> Title: <u>DIRECTOR</u>
Signature:  Name (type or print): <u>KIRK HANSEN</u>	Date: <u>2/2/15</u> Title: <u>DIRECTOR</u>		

Issued 12/09/2014 by online

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM