No. C 119234	Reinstatement Annual Report Form ADMIN DISSOLVED 07/21/2015	2. Registered Agent and Office **(NOT A P.O. BOX)**
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.** FINGERPRINTS, INC. STACIE PEABODY 621 E LOGAN BOISE ID 83712	STACIE PEABODY 621 E LOGAN BOISE ID 83712
REINSTATEMENT FEE DUE: $30.00		3. New Registered Agent Signature.

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
President	Stacie Peabody	621 E Logan	Boise	Id.		83712

5. Organized Under the Laws of:	6. Signature:	Date:
IDAHO C 119234	Stacie Peabody	8-17-2015
	Name (type or print):	Title:

Issued 08/17/2015 by CLH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM