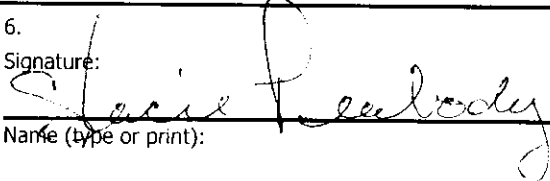


No. C 119234	Reinstatement Annual Report Form ADMIN DISSOLVED 07/21/2015		2. Registered Agent and Office (NOT A P.O. BOX) STACIE PEABODY 621 E LOGAN BOISE ID 83712														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. FINGERPRINTS, INC. STACIE PEABODY 621 E LOGAN BOISE ID 83712		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>Stacie Peabody</td> <td>621 E Logan</td> <td>Boise</td> <td>Id.</td> <td></td> <td>83712</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Stacie Peabody	621 E Logan	Boise	Id.		83712
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: IDAHO C 119234	6. Signature:  Name (type or print):			Date: 8-17-2015 Title:													
Issued 08/17/2015 by CLH																	

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

ID-100-10-0000