

No. C 173747	Reinstatement Annual Report Form ADMIN DISSOLVED 09/08/2009		2. Registered Agent and Office (NOT A P.O. BOX) KORI CONKLIN 27529 SHELTON RD PARMA ID 83660
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. CKL CORPORATION KORI CONKLIN PO BOX 12 PARMA ID 83660		3. New Registered Agent Signature.
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.			
Office Held	Name	Street or PO Address	City State Country Postal Code
President	KORI L. CONKLIN	P.O. Box 12	PARMA ID USA 83660
Vice President	Chester L. Conklin	PO Box 12	PARMA ID USA 83660
5. Organized Under the Laws of: IDAHO C 173747		6. Signature: <u><i>Chester Conklin</i></u> Date: <u>9-29-09</u> Name (type or print): <u>Chester Conklin</u> VICE Title: <u>PRESIDENT</u>	
Issued 09/15/2009 by SLD			