No. C 144006	Reinstatement Annual Report Form ADMIN DISSOLVED 08/15/2014	2. Registered Agent and Office **(NOT A P.O. BOX)** SHAWN STOLWORTHY 475 EAST 1000 NORTH FIRTH ID 83236
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.** MAZEPLAY, INC. SHAWN STOLWORTHY 475 E 1000 N FIRTH ID 83236	3. New Registered Agent Signature.
REINSTATEMENT FEE **DUE:** $30.00		

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	Shawn Stolworthy	475E 1000N	Firth	ID	USA	83236
Secretary	Heather Stolworthy	475E 1000N	Firth	ID	USA	83236

5. Organized Under the Laws of:	6. Signature:	Date:
IDAHO C 144006	Shawn Stolworthy	07/24/2015
	Name (type or print): Shawn Stolworthy	Title: Pres

Issued 07/23/2015 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the