


No. C 72806	Reinstatement Annual Report Form ADMIN DISSOLVED 08/06/2009		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 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. SAWTOOTH LUCE'S RESTAURANT, INC. THOMAS M DREWEN PO BOX 83 STANLEY ID 83278		JOSHUA N DREWEN CORNER OF NIECE & HIGHWAY 21 STANLEY ID 83278 3. New Registered Agent Signature.																					
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer. <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>Pres</td> <td>Josh Drewen</td> <td>PO Box 83</td> <td>Stanley</td> <td>ID</td> <td></td> <td>83278</td> </tr> <tr> <td></td> <td>Sawtooth Luce's</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Pres	Josh Drewen	PO Box 83	Stanley	ID		83278		Sawtooth Luce's					
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Pres	Josh Drewen	PO Box 83	Stanley	ID		83278																		
	Sawtooth Luce's																							
5. Organized Under the Laws of: IDAHO C 72806		6. Signatures:  Name (type or print): <u>Thomas Drewen</u> Date: <u>7-18-2012</u> Title: <u>Owner</u>																						

Issued 07/16/2012 by CLH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM