

No. C 129702	Reinstatement Annual Report Form ADMIN DISSOLVED 10/07/2008		2. Registered Agent and Office (NOT A P.O. BOX) THOMAS HARTWELL 352 WESTMORELAND DR. IDAHO FALLS ID 83404 2560 Harold Dr. IDAHO Falls, ID 83402														
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. THOMAS HARTWELL ENTERPRISES COMPANY 352 WESTMORELAND DR. IDAHO FALLS ID 83404 2560 Harold Dr. IDAHO Falls, ID 83402		3. <u>New</u> Registered Agent Signature.														
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Office Held</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>TOM HARTWELL</td> <td>2560 Harold Dr</td> <td>IDAHO Falls</td> <td>ID</td> <td>USA</td> <td>83402</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	PRESIDENT	TOM HARTWELL	2560 Harold Dr	IDAHO Falls	ID	USA	83402
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5. Organized Under the Laws of: IDAHO C 129702	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; vertical-align: top;"> Signature:  Name (type or print): Tom Hartwell </td> <td style="width: 40%; vertical-align: top;"> Date: <u>7/1/15</u> Title: <u>PRES</u> </td> </tr> </table>			Signature:  Name (type or print): Tom Hartwell	Date: <u>7/1/15</u> Title: <u>PRES</u>												
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