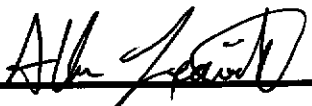


No. <b>C 153167</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 05/05/2010</b>		2. Registered Agent and Office ( <b>NOT A P.O. BOX</b> ) ALLEN LEAVITT 5022 S 10TH AVE CALDWELL ID 83605	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	1. Mailing Address: Correct in this box if needed.  BEARS WORKSHOP, INC. ALLEN LEAVITT 5022 S 10TH AVE CALDWELL ID 83605		3. <u>New</u> Registered Agent Signature.	
<b>4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.</b>				
Office Held	Name	Street or PO Address	City	State Country Postal Code
President	Allen Leavitt	608 Diamond	Nampa Id	US 83606
5. Organized Under the Laws of:  <div style="text-align: center; font-size: 1.2em;">             IDAHO C 153167           </div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>           Signature: <u></u>            Name (type or print): <u>Allen Leavitt</u> </div> <div>           Date: <u>4-8-11</u>            Title: <u>President</u> </div> </div>		
Issued 03/18/2011 by SLD				

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM