

No. C 100894	Reinstatement Annual Report Form ADMIN DISSOLVED 04/08/2009		2. Registered Agent and Office (NOT A P.O. BOX) WALLACE SCHMIDT <u>Harry Menser</u> 804 AIRPORT WAY <u>733 Kaniksu</u> SANDPOINT ID 83864 <u>Shoves Rd.</u>														
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. NORTH IDAHO SPECIALTY FOODS ASSOCIATION, INC. WALLACE SCHMIDT <u>Harry Menser</u> 804 AIRPORT WAY <u>733 Kaniksu Shoves Rd.</u> SANDPOINT ID 83864		3. New Registered Agent Signature. <u>Harry Menser</u>														
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 style="vertical-align: top;"><u>Director</u></td> <td style="vertical-align: top;"><u>Harry Menser</u></td> <td style="vertical-align: top;"><u>733 Kaniksu Shoves Rd.</u></td> <td style="vertical-align: top;"><u>Sandpoint,</u></td> <td style="vertical-align: top;"><u>ID</u></td> <td style="vertical-align: top;"><u>USA</u></td> <td style="vertical-align: top;"><u>83864</u></td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	<u>Director</u>	<u>Harry Menser</u>	<u>733 Kaniksu Shoves Rd.</u>	<u>Sandpoint,</u>	<u>ID</u>	<u>USA</u>	<u>83864</u>
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5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO C 100894 </div>	6. Signature: <u>Harry Menser</u> Name (type or print): <u>Harry Menser</u>			Date: <u>2/3/16</u> Title: <u>Director</u>													

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM