

FILED EFFECTIVE

No. C 182844	Reinstatement Annual Report Form ADMIN DISSOLVED 07/28/2016		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	1. Mailing Address: Correct in this box if needed. A PROMISE OF HOPE, INC. AUDREY P D'ORAZIO 8921 W HACKAMORE STE B BOISE ID 83709 <i>1472 E. Iron Eagle Eagle, ID 83616</i>		AUDREY P D'ORAZIO 8921 W HACKAMORE STE B BOISE ID 83709 <i>1472 E. Iron Eagle Eagle, ID 83616</i>														
REINSTATEMENT FEE DUE: \$30.00			3. <u>New</u> Registered Agent Signature. <i>Audrey P D'Orazio</i>														
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. <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>President</td> <td>Audrey D'Orazio</td> <td>1472 E. Iron Eagle DR</td> <td>Eagle</td> <td>ID</td> <td></td> <td>83616</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Audrey D'Orazio	1472 E. Iron Eagle DR	Eagle	ID		83616
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
President	Audrey D'Orazio	1472 E. Iron Eagle DR	Eagle	ID		83616											
5. Organized Under the Laws of: IDAHO C 182844	6. Signature: <i>Audrey D'Orazio</i> Name (type or print): <i>Audrey D'Orazio</i> Date: <i>9/13/2016</i> Title: <i>President</i>																