


No. C 203826	Reinstatement Annual Report Form ADMIN DISSOLVED 01/25/2016		2. Registered Agent and Office (NOT A P.O. BOX) JARROD HOLZHEU 31862 N 5TH AVE UNIT C SPIRIT LAKE ID 83869														
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. T B I INCORPORATED PO BOX 335 BLANCHARD ID 83804		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>OWNER</td> <td>JARROD RM HOLZHEU</td> <td>P.O. BOX 335</td> <td>BLANCHARD,</td> <td>IDAHO,</td> <td>USA</td> <td>83804</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	OWNER	JARROD RM HOLZHEU	P.O. BOX 335	BLANCHARD,	IDAHO,	USA	83804
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OWNER	JARROD RM HOLZHEU	P.O. BOX 335	BLANCHARD,	IDAHO,	USA	83804											
5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;">IDAHO C 203826</div>	6. Signature:  <hr/> Name (type or print): JARROD RM HOLZHEU			Date: 2-2-16 <hr/> Title: OWNER													

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM