

Reinstatement for C 163493

Page 1 of 2

No. C 163493		Reinstatement Annual Report Form ADMIN DISSOLVED 02/04/2010		2. Registered Agent and Office (NOT A P.O. BOX) CHRIS MONSON 160 E 100 N MALAD ID 83252																						
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. C B S INC. 160 E 100 N MALAD ID 83252		3. Now Registered Agent Signature.																						
REINSTATEMENT FEE DUE: \$30.00																										
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.																										
<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>Pres.</td><td>Chris monson</td><td>160 E 100 N</td><td>malad</td><td>Id</td><td>USA</td><td>83252</td></tr><tr><td>V.P.</td><td>Shelly monson</td><td>160 E 100 N</td><td>malad</td><td>Id</td><td>USA</td><td>83252</td></tr></tbody></table>						Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Pres.	Chris monson	160 E 100 N	malad	Id	USA	83252	V.P.	Shelly monson	160 E 100 N	malad	Id	USA	83252
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V.P.	Shelly monson	160 E 100 N	malad	Id	USA	83252																				
5. Organized Under the Laws of: IDAHO C 163493		6. <table border="1"><tr><td>Signature: <u>Chris Monson</u></td><td>Date: <u>8/13/10</u></td></tr><tr><td>Name (type or print): <u>CHRIS MONSON</u></td><td>Title: <u>PRES.</u></td></tr></table>				Signature: <u>Chris Monson</u>	Date: <u>8/13/10</u>	Name (type or print): <u>CHRIS MONSON</u>	Title: <u>PRES.</u>																	
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Issued 08/13/2010 by SLD																										

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM