

No. C 171378	Reinstatement Annual Report Form ADMIN DISSOLVED 05/25/2016		2. Registered Agent and Office (NOT A P.O. BOX) <i>Chris Hayes</i> <i>890 Oxford Dr.</i> <i>Idaho Falls, ID 83401</i>														
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. CHAMPION DRYWALL, INC. LUIS FLORES 3015 SHAWNA CT IDAHO FALLS ID 83402		3. New Registered Agent Signature. <i>Chris J. Hayes</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><i>Officer/Pres</i></td> <td><i>Luis Flores</i></td> <td><i>3015 Shawna Ct</i></td> <td><i>Idaho Falls</i></td> <td><i>ID</i></td> <td><i>Bonniville</i></td> <td><i>83402</i></td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	<i>Officer/Pres</i>	<i>Luis Flores</i>	<i>3015 Shawna Ct</i>	<i>Idaho Falls</i>	<i>ID</i>	<i>Bonniville</i>	<i>83402</i>
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5. Organized Under the Laws of: IDAHO C 171378	6. Signature: <i>Luis Flores</i> Name (type or print): <i>Luis Flores</i> Date: <i>6-13-16</i> Title: <i>Pres Officer</i>																