

No. C 177788 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 06/28/2017 1. Mailing Address: Correct in this box if needed. ELEVATE FULFILLMENT, INC JAMES B. HONE 795 LINDSAY BLVD IDAHO FALLS ID 83402	2. Registered Agent and Office (NOT A P.O. BOX) JAMES B HONE 795 LINDSAY BLVD IDAHO FALLS ID 83402 3. <u>New</u> Registered Agent Signature.														
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>Pres.</td> <td>James B Hone</td> <td>795 Lindsay</td> <td>IF</td> <td>ID</td> <td>USA</td> <td>83402</td> </tr> </tbody> </table>			Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Pres.	James B Hone	795 Lindsay	IF	ID	USA	83402
Office Held	Name	Street or PO Address	City	State	Country	Postal Code										
Pres.	James B Hone	795 Lindsay	IF	ID	USA	83402										
5. Organized Under the Laws of: IDAHO C 177788	6. Signature: <u>James B Hone</u> Date: <u>9/8/17</u> Name (type or print): <u>JAMES B HONE</u> Title: <u>Pres.</u>															

Issued 09/08/2017 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM