

No. C 177788		Reinstatement Annual Report Form ADMIN DISSOLVED 06/28/2017			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. ELEVATE FULFILLMENT, INC JAMES B. HONE 795 LINDSAY BLVD IDAHO FALLS ID 83402			JAMES B HONE 795 LINDSAY BLVD IDAHO FALLS ID 83402		
REINSTATEMENT FEE DUE: \$30.00					3. <u>New</u> Registered Agent Signature.		
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. Office Held Name Street or PO Address City State Country Postal Code							
Pres. James B Hone 795 Lindsay 1F 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