REINSTATEMENT

No. C 127696	Annual Report Form ADMIN DISSOLVED 05/08/2002	2. Registered Agent and Office **NOT A P.O. BOX**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **FEE DUE $30.00**	1 Mailing Address - Correct in this box, if applicable DAVE ADAMS WINDSHIELD DOCTOR, INC. 5006 FAIRVIEW AVE BOISE, ID 83706	DAVE ADAMS 5006 FAIRVIEW AVE BOISE, ID 83706 3. New registered agent signature

4. Corporations: Enter Names and Business Addresses of **President, Secretary and Directors**
Limited Liability Companies: Enter Names and Addresses of ☐ **Managers** or ☐ **Members** (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
PRESIDENT	DAVID L ADAMS	5006 FAIRVIEW	BOISE	ID	83706

5. Organized under the laws of:	6.
IDAHO C 127696	Signature David L Adams Date 5/13/2002 Name (Typed or Printed) DAVID L ADAMS Title PRESIDENT

Issued 05/08/2002