No: C 88277	Reinstatement Annual Report Form ADMIN DISSOLVED 03/07/2016	2. Registered Agent and Office **(NOT A P.O. BOX)** GARY MICHAEL MILLER 7156 MAIN ST BONNERS FERRY ID 83805
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.** KAYSER INSURANCE AGENCY, INC. GARY MICHAEL MILLER PO BOX 1538 BONNERS FERRY ID 83805	3. New 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
President	Gary M. Miller	7156 Main St PO Box 1538	Bonners Ferry	Idaho	Boundary	83805

5. Organized Under the Laws of:	6.
IDAHO C 88277	Signature: Gary M. Miller Date: 3/14/16 Name (type or print): Gary M. Miller Title: Presid.

Issued 03/14/2016 by CLH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM