Return to: ADMIN DISSOLVED 04/06/20	Reinstatement Annual Report Form ADMIN DISSOLVED 04/06/2010	2. Registered Agent and Office (NOT A P.O. BOX) JAKE WEAVER 603 A PIONEER MOUNTAIN LP JEROME ID 83338
	PO BOX 4224	
reinstatement fee due: \$30.00		3. <u>New</u> Registered Agent Signature.
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer. Office Held Name Street or PO Address City State Country Postal Code President Jake 6034 Wagver President Wagver President, Secretary, Directors and (optional) Treasurer. Office Held Name Street or PO Address City State Country Postal Code President Jake 6034 Wagver President, Secretary, Directors and (optional) Treasurer. Office Held Name Street or PO Address City State Country Postal Code President Jake Cou		
5. Organized Under the Lav IDAHO C 164475 Issued 07/27/2012 by SLD	Name (type or print): Take Weaver	Date: 8/6/12 Title: Prosidn +

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM