


FILED EFFECTIVE

No. C 184939	Reinstatement Annual Report Form ADMIN DISSOLVED 01/14/2013		2. Registered Agent and Office (NOT A P.O. BOX) DAVID S MEEKINGS 420 LOUIS LN 169 Sweetgrass Ln SANDPOINT ID 83864																					
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. SPREAD HIS WORD INC. DAVID S MEEKINGS 420 LOUIS LN 169 Sweetgrass Ln. SANDPOINT ID 83864 USA																							
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>President</td> <td>David S. Meekings</td> <td>169 Sweetgrass Ln.</td> <td>Sandpoint</td> <td>ID</td> <td></td> <td>83864</td> </tr> <tr> <td>V. Pres./Treas.</td> <td>David E. Meekings</td> <td>169 Sweetgrass Ln.</td> <td>Sandpoint</td> <td>ID</td> <td></td> <td>83864</td> </tr> </tbody> </table>			Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	David S. Meekings	169 Sweetgrass Ln.	Sandpoint	ID		83864	V. Pres./Treas.	David E. Meekings	169 Sweetgrass Ln.	Sandpoint	ID		83864	3. <u>New</u> Registered Agent Signature.
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5. Organized Under the Laws of: IDAHO C 184939	6. Signature:  Name (type or print): <u>David E. Meekings</u>			Date: <u>4-10-15</u> Title: <u>V. Pres. / Treas.</u>																				