

No. C 141381	Reinstatement Annual Report Form		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 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. DISH LINKS, INC. JAKE B WILDE 8041 N SUNDANCE DR COEUR D'ALENE ID 83815 <i>4549 E. Hooker Hill Rd</i> <i>Hayden Idaho 83835</i>		JAKE B WILDE 8041 SUNDANCE DR COEUR D'ALENE ID 83815 3. <u>New</u> Registered Agent Signature.														
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>Jake Wilde</td> <td>4549 E. Hooker Hill Rd</td> <td>Hayden</td> <td>IO</td> <td></td> <td>83835</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Jake Wilde	4549 E. Hooker Hill Rd	Hayden	IO		83835
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President	Jake Wilde	4549 E. Hooker Hill Rd	Hayden	IO		83835											
5. Organized Under the Laws of: IDAHO C 141381	6. Signature: <i>J Wilde</i> Name (type or print): <u>Jake Wilde</u> Date: <u>2-17-14</u> Title: <u>President</u>																

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM