## FILED EFFECTIVE

No. C 171447	Reinstatement Annual Report Form	2. Registered Agent and Office (NOT A
Return to: SECRETARY OF STATE	ADMIN DISSOLVED 05/08/2008  1. Mailing Address: Correct in this box if needed.	P.O. BOX) BRIAN CLARK 1401 E FRONT AVE
PO BOX 83720 BOISE, ID 83720-0080	AUTO EVENT SOLUTIONS, INC.	
20102, 12 03720 0000	BRIAN CLARK 1401 E FRONT AVE	
	COEUR D ALENE ID 83814	3. New Registered Agent Signature.
REINSTATEMENT		
FEE DUE: \$30.00		
4. Corporations: Enter Name	es and Business Addresses of President, Secretary, Directors	and(optional) Treasurer.
Office Held Nam	e Street or PO Address	City State Country Postal Code
President,	BRIDN CLARK, 149 E From	of Ave Courd Alere To
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5. Organized Under the Law	s of: 6.	7,
	Signature: 1500	Date: 4/7/202
IDAHO		43/00/
C 171447	Name (type or print):	ark Title: Pasident
	/DR/AN C	HICK TYPE JAMES
Issued 08/28/2009 by NLB		