

No. C 134918	Reinstatement Annual Report Form ADMIN DISSOLVED 10/15/2014		2. Registered Agent and Office (NOT A P.O. BOX) LORI JOHSTON 400 SUN VALLEY RD STE 205 KETCHUM ID 83340														
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. FLOWER MOUNTAIN DESIGN, INC. PO BOX 3213 SUN VALLEY ID 83340																
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>Alexandria Meucci</td> <td>PO BOX 3213, Sun Valley,</td> <td>ID</td> <td>83353</td> <td></td> <td></td> </tr> </tbody> </table>			Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Alexandria Meucci	PO BOX 3213, Sun Valley,	ID	83353			3. <u>New</u> Registered Agent Signature.
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
President	Alexandria Meucci	PO BOX 3213, Sun Valley,	ID	83353													
5. Organized Under the Laws of: IDAHO C 134918	6. Signature: <u>Alexandria Meucci</u> Name (type or print): <u>Alexandria Meucci</u>			Date: <u>2/11/15</u> Title: <u>Pres</u>													

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM