

No. C 126421	Reinstatement Annual Report Form ADMIN DISSOLVED 02/08/2012		2. Registered Agent and Office (NOT A P.O. BOX) BOB FLOWERS 3518 E HAND CART LN BOISE ID 83716														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. CAPITAL STEAMWAY, INC. 3518 E HAND CART LN BOISE ID 83716		3. <u>New</u> Registered Agent Signature.														
REINSTATEMENT FEE DUE: \$30.00		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>pres</td> <td>Bob Flowers</td> <td>3518 E Hand Cart Boise ID</td> <td>USA</td> <td></td> <td></td> <td>83716</td> </tr> </tbody> </table>		Office Held	Name	Street or PO Address	City	State	Country	Postal Code	pres	Bob Flowers	3518 E Hand Cart Boise ID	USA			83716
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5. Organized Under the Laws of: IDAHO C 126421	6. <table border="1"> <tr> <td>Signature:</td> <td><i>Bob Flowers</i></td> <td>Date:</td> <td>1/23/18</td> </tr> <tr> <td>Name (type or print):</td> <td>Bob Flowers</td> <td>Title:</td> <td>1/23/18</td> </tr> </table>			Signature:	<i>Bob Flowers</i>	Date:	1/23/18	Name (type or print):	Bob Flowers	Title:	1/23/18						
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Issued 01/23/2018 by TLB