
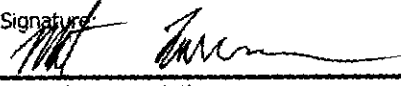


No. <b>C 208473</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 04/30/2018</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> MATHEW L LAWRENCE 464 BOWEN ARROW RD SANDPOINT ID 83864														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	1. Mailing Address: Correct in this box if needed. AQUATIC WEED SOLUTIONS, INC. P.O. BOX 854 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>Mat Lawrence</td> <td>Po Box 854</td> <td>Sandpoint</td> <td>ID</td> <td>US</td> <td>83864</td> </tr> </tbody> </table>		Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Mat Lawrence	Po Box 854	Sandpoint	ID	US	83864		3. New Registered Agent Signature. 
		Office Held	Name	Street or PO Address	City	State	Country	Postal Code									
President	Mat Lawrence	Po Box 854	Sandpoint	ID	US	83864											
5. Organized Under the Laws of:  <b>IDAHO C 208473</b>	6. Signature:  Name (type or print): <u>Mat Lawrence</u>	Date: <u>6/05/18</u> Title: <u>President</u>															

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