FILED EFFECTIVE

No. C 197560	Reinstatement Annual Report Form ADMIN DISSOLVED 05/26/2015	2. Registered Agent and Office (NOT A P.O. BOX) SHANE HARRIGFELD
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	. Mailing Address: Correct in this box if needed, SHANE HARRIGFELD AGENCY INCORPORATED SHANE HARRIGFELD 1557 NORTHGATE MILE IDATIO FALLS ID 83401	1557 NORTHGATE MILE 1BARTO FALLS ID 83401 3153 E. 17 ^{TL} St. Ammon, ID 83406
reinstatement fee due: \$30.00	3153 E 1775 St Ammon, ID 83406	3. <u>New</u> Registered Agent Signature.
Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. Office Held Name Street or PO Address City State Country Postal Code President Shane Harrifeld 3153 E. 17th St Ammon ID USA 83406		
5. Organized Under the Lar IDAHO	ws of: 6. Signature: Let	Date: 11-13-2015
C 197560	Name (type or print): Shane Harrigfeld	President

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho, **not a Post Office Box or Personal Mail Box.**