


No. C 114412	Reinstatement Annual Report Form ADMIN DISSOLVED 07/12/2011		2. Registered Agent and Office (NOT A P.O. BOX) JIM CARRIE 1365 S 18 TH E MOUNTAIN HOME ID 83647
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. BEL AIR CORPORATION, INC. JIM CARRIE PO BOX 624 MOUNTAIN HOME ID 83647		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.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	SHARLENE CARRIE	P.O. Box 624	Mountain Home	ID	ETMORE USA	83647
DIRECTOR	JIM CARRIE	P.O. Box 624	MTN. HOME	ID	USA	83647
SECRETARY	SHARLENE CARRIE	P.O. Box 624	MTN. HOME	ID	USA	83647
PRESIDENT	JIM CARRIE	P.O. Box 624	MTN. HOME	ID	USA	83647

5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO C 114412 </div>	6. Signature: <u></u> Name (type or print): <u>JIM CARRIE</u> Date: <u>2-26-2015</u> Title: <u>PRESIDENT</u>
--	--

Issued 02/26/2015 by JL1

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM