

| 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 | | | | |
| REINSTATEMENT FEE DUE: \$30.00 | | | | 3. New Registered Agent Signature. | | |
| 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 | USA | 83647 |
| DIRECTOR | JIM CARRIE | P.O. Box 624 | MOUNTAIN HOME | ID | USA | 83647 |
| SECRETARY | SHARLENE CARRIE | P.O. Box 624 | MOUNTAIN HOME | ID | USA | 83647 |
| PRESIDENT | JIM CARRIE | P.O. Box 624 | MOUNTAIN HOME | ID | USA | 83647 |
| 5. Organized Under the Laws of: IDAHO C 114412 | | 6. Signature:  Name (type or print): Jim CARRIE | | Date: 2-26-2015 Title: PRESIDENT | | |
| Issued 02/26/2015 by JL1 | | | | | | |

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM