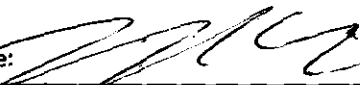


No. C 111318	Reinstatement Annual Report Form ADMIN DISSOLVED 10/05/2011		2. Registered Agent and Office (NOT A P.O. BOX) MIKE FISCARELLI 840 N CALEDONIA PL 5672 N. Fox Run Way EAGLE ID 83616 Meridian ID 83646
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. NTS, INC. MIKE FISCARELLI 840 N CALEDONIA PL 5672 N. Fox Run Way EAGLE ID 83616 Meridian ID 83646		3. <u>New</u> Registered Agent Signature.
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.			
Office Held	Name	Street or PO Address	City State Country Postal Code
President	Michael Fiscarelli	5672 N. Fox Run Way	Meridian ID ADA 83646
Bookkeeper	Todan Martinez	5672 N. Fox Run Way	Meridian ID ADA 83646
5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO C 111318 </div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> Signature:  <hr/> Name (type or print): Michael Fiscarelli </div> <div> Date: 10-28-11 <hr/> Title: President </div> </div>	
Issued 10/28/2011 by JL1			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct 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.