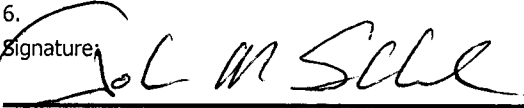


No. C 116303	Reinstatement Annual Report Form ADMIN DISSOLVED 12/16/2014		2. Registered Agent and Office (NOT A P.O. BOX) JOHN M SHEPARD 1396 SHEPHERD RD ST MARIES ID 83861														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. NORTH IDAHO COMMUNICATIONS, INC. JOHN M SHEPHERD 1396 SHEPHERD RD ST MARIES ID 83861		3. <u>New</u> Registered Agent Signature.														
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/ Secretary</td> <td>John M. Shepherd</td> <td>1396 Shepherd Rd.</td> <td>St Maries</td> <td>ID</td> <td></td> <td>83861</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President/ Secretary	John M. Shepherd	1396 Shepherd Rd.	St Maries	ID		83861
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
President/ Secretary	John M. Shepherd	1396 Shepherd Rd.	St Maries	ID		83861											
5. Organized Under the Laws of: IDAHO C 116303		6.  Signature: _____ Name (type or print): <u>John M. Shepherd</u> Date: <u>7/26/16</u> Title: <u>President/Secretary</u>															

Issued 07/26/2016 by online

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