

Nb. C 194648	Reinstatement Annual Report Form ADMIN DISSOLVED 08/15/2014		2. Registered Agent and Office (NOT A P.O. BOX) PENNY FRASURE 466 E STANLEY IDAHO FALLS ID 83401																						
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. DIAMOND QUALITY TRAILERS INC. 466 E STANLEY IDAHO FALLS ID 83401		3. New 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>Pres</td> <td>Rocky Frasure</td> <td>385 W 350 N</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Secy</td> <td>Penny Frasure</td> <td>Blackfoot. ID</td> <td></td> <td></td> <td></td> <td>83221</td> </tr> </tbody> </table>					Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Pres	Rocky Frasure	385 W 350 N					Secy	Penny Frasure	Blackfoot. ID				83221
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5. Organized Under the Laws of: IDAHO C 194648		6. <table border="1"> <tr> <td>Signature:</td> <td>Date:</td> </tr> <tr> <td><i>Penny Frasure</i></td> <td>1/16/15</td> </tr> <tr> <td>Name (type or print):</td> <td>Title:</td> </tr> <tr> <td>Penny Frasure</td> <td>OWNER</td> </tr> </table>			Signature:	Date:	<i>Penny Frasure</i>	1/16/15	Name (type or print):	Title:	Penny Frasure	OWNER													
Signature:	Date:																								
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Issued 01/16/2015 by KAH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM