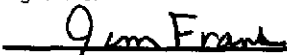
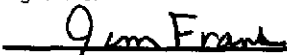
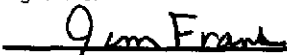


No. C 104245	Reinstatement Annual Report Form ADMIN DISSOLVED 03/10/2014		2. Registered Agent and Office (NOT A P.O. BOX) JIM FRANS 15739 LAKE SHORE DRIVE CALDWELL ID 83607-9788
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. F & F DISTRIBUTORS, INC. JIM M FRANS 15739 LAKE SHORE DRIVE CALDWELL ID 83607-9788		3. <u>New</u> 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
President	Jim Frans	15739 Lake Shore Dr,	Caldwell	Id	Canyon	83607
Secretary	Karen Frans	15739 Lake Shore Dr,	Caldwell	Id	Canyon	83607

Only 2

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO C 104245 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: <u>Nov 16 2014</u> </td> </tr> <tr> <td> Name (type or print): <u>Jim Frans</u> </td> <td> Title: <u>President</u> </td> </tr> </table>	Signature: 	Date: <u>Nov 16 2014</u>	Name (type or print): <u>Jim Frans</u>	Title: <u>President</u>
Signature: 	Date: <u>Nov 16 2014</u>				
Name (type or print): <u>Jim Frans</u>	Title: <u>President</u>				

Issued 11/10/2014 by SLD

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing 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.