

# REINSTATEMENT

| <b>No. C 110033</b><br>Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><b>FEE DUE \$30.00</b>  | <b>Annual Report Form</b><br>ADMIN DISSOLVED 06/08/2007<br>1. Mailing Address - Correct in this box, if applicable<br>JOHANSEN ENTERPRISES INC.<br>KEVIN JOHANSEN<br>2440 ELIZABETH BLVD<br>TWIN FALLS, ID 83301 | 2. Registered Agent and Office <b>NOT A P.O. BOX</b><br>KEVIN JOHANSEN<br>2440 ELIZABETH BLVD<br>TWIN FALLS, ID 83301<br>3. <u>New</u> registered agent signature |             |       |                        |      |       |     |           |                |                |            |     |       |           |               |                |            |     |       |
|--|--|---|-------------|-------|------------------------|------|-------|-----|-----------|----------------|----------------|------------|-----|-------|-----------|---------------|----------------|------------|-----|-------|
| 4. Corporations: Enter Names and Business Addresses of <b>President, Secretary and Directors</b><br>Limited Liability Companies: Enter Names and Addresses of management.<br>Limited and Limited Liability Partnerships: Enter names and addresses of at least two (2) partners.<br><table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Kevin Johansen</td> <td>2440 Elizabeth</td> <td>Twin Falls</td> <td>ID.</td> <td>83301</td> </tr> <tr> <td>Secretary</td> <td>Tina Johansen</td> <td>2440 Elizabeth</td> <td>Twin Falls</td> <td>ID.</td> <td>83301</td> </tr> </tbody> </table> |  |   | Office held | Name  | Street or P.O. Address | City | State | Zip | President | Kevin Johansen | 2440 Elizabeth | Twin Falls | ID. | 83301 | Secretary | Tina Johansen | 2440 Elizabeth | Twin Falls | ID. | 83301 |
| Office held  | Name   | Street or P.O. Address  | City        | State | Zip                    |      |       |     |           |                |                |            |     |       |           |               |                |            |     |       |
| President  | Kevin Johansen   | 2440 Elizabeth  | Twin Falls  | ID.   | 83301                  |      |       |     |           |                |                |            |     |       |           |               |                |            |     |       |
| Secretary  | Tina Johansen  | 2440 Elizabeth  | Twin Falls  | ID.   | 83301                  |      |       |     |           |                |                |            |     |       |           |               |                |            |     |       |
| 5. Organized under the laws of:<br>IDAHO<br>C 110033   | 6. Signature <u><i>Tina Johansen</i></u> Date <u>3-5-08</u><br>Name (Typed or Printed) <u>Tina Johansen</u> Title <u>Secretary</u>   |   |             |       |                        |      |       |     |           |                |                |            |     |       |           |               |                |            |     |       |

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## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1:** 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.

**Block 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; not a Post Office Box or Personal Mail Box.

**Block 3:** Only a new registered agent must sign in Block 3.

**Block 4:** Enter names and business addresses of president, secretary, and directors (for corporations only), management (for LLCs only), or at least two (2) partners (for LPs and LLPs only. **Note:** Putting "same as last year" or "same as above" will not be accepted.

**Block 5:** May not be altered through the use of this form.

**Block 6:** The annual report must be signed by a person authorized to represent the corporation/LLC/LP/LLP. Print or type the name and title of the signer below the signature.

SECRETARY OF STATE  
 IDAHO  
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