




No. C 178827 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 09/07/2010 1. Mailing Address: Correct in this box if needed. GALE FORCE INC. 583 PARSON RD NAPLES ID 83847	2. Registered Agent and Office (NOT A P.O. BOX) MARK L GALE 583 PARSON RD NAPLES ID 83847 3. New Registered Agent Signature.														
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer. <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</td><td>MARK L GALE</td><td>583 PARSONS Rd</td><td>NAPLES</td><td>ID</td><td>Boundary</td><td>83847</td></tr></tbody></table>			Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	MARK L GALE	583 PARSONS Rd	NAPLES	ID	Boundary	83847
Office Held	Name	Street or PO Address	City	State	Country	Postal Code										
President	MARK L GALE	583 PARSONS Rd	NAPLES	ID	Boundary	83847										
5. Organized Under the Laws of: IDAHO C 178827	6. <table border="1"><tr><td>Signature: </td><td>Date: 11-19-10</td></tr><tr><td>Name (type or print): MARK L GALE</td><td>Title: PRES</td></tr></table>		Signature: 	Date: 11-19-10	Name (type or print): MARK L GALE	Title: PRES										
Signature: 	Date: 11-19-10															
Name (type or print): MARK L GALE	Title: PRES															
Issued 10/19/2010 by LJC																

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM