

No. C 184980	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 01/24/2017</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> FRANK ALESI 314 E TRAILSIDE DR EAGLE ID 83616-8411														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. Mailing Address: Correct in this box if needed. GOOD KARMA INC FRANK ALESI 302 SUNSET CT APT 201 CALDWELL ID 83605																
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>10-CEO</td> <td>Patricia Morley</td> <td>137 N 900 W</td> <td>SLC</td> <td>UT</td> <td>USA</td> <td>84116</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	10-CEO	Patricia Morley	137 N 900 W	SLC	UT	USA	84116
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10-CEO	Patricia Morley	137 N 900 W	SLC	UT	USA	84116											
5. Organized Under the Laws of:  IDAHO C 184980		6. Signature: <u>Patricia Morley</u> Date: <u>3-20-18</u> Name (type or print): <u>Patricia Morley</u> Title: _____															

Issued 12/20/2017 by JL1

### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM