


No. C 111063	Reinstatement Annual Report Form ADMIN DISSOLVED 09/23/2014		2. Registered Agent and Office (NOT A P.O. BOX)														
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. ALPINE LINEN INC. JOHN DVORSEK 6378 MAIN ST BONNERS FERRY ID 83805 USA		JOHN DVORSEK 6378 MAIN (HWY 955) BONNERS FERRY ID 83805 3. <u>New</u> Registered Agent Signature.														
Corporations: Enter Names and Business Addresses of <u>President</u> , <u>Secretary</u> , <u>Directors</u> , <u>Treasurer</u> , <u>Vice Pres.</u> <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>CEO</td> <td>John Dvorsek</td> <td>6378 MAIN</td> <td>Bonnors Ferry</td> <td>ID</td> <td></td> <td>83805</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	CEO	John Dvorsek	6378 MAIN	Bonnors Ferry	ID		83805
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
CEO	John Dvorsek	6378 MAIN	Bonnors Ferry	ID		83805											
5. Organized Under the Laws of: IDAHO C 111063	6. Signature:  Name (type or print): <u>John Dvorsek</u>		Date: <u>10/7/14</u> Title: <u>Pres owner</u>														
Issued 10/07/2014 by online																	

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM