

FILED EFFECT

REINSTATEMENT

No. C 141359	Annual Report Form ADMIN DISSOLVED 02/07/2005		2. Registered Agent and Office NOT A P.O. BOX																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 FEE DUE \$30.00	1. Mailing Address: (Check in this box if applicable) T. K. O., INC. 687 WASHINGTON ST. N TWIN FALLS, ID 83301		KIMBERLY A OSTROM 2325 GAREY LN FILER, ID 83328 3. <u>New</u> registered agent signature																			
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)																						
<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>Todd Ostrom</td> <td>687 Washington St. N</td> <td>Twin Falls</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>V. Pres.</td> <td>Kim Ostrom</td> <td>687 Washington St. N</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	Todd Ostrom	687 Washington St. N	Twin Falls	ID	83301	V. Pres.	Kim Ostrom	687 Washington St. N	Twin Falls	ID	83301
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V. Pres.	Kim Ostrom	687 Washington St. N	Twin Falls	ID	83301																	
5. Organized under the laws of: IDAHO C 141359		6. Signature <u>[Signature]</u> Date <u>2/15/05</u> Name (Typed or Printed) <u>Kim Ostrom</u> Title <u>V. Pres.</u>																				

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