REINSTATEMENT

C 111741

FILED/EFFEC

No. C 111741	Annual Report Form ADMIN DISSOLVED 11/13/2000	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 - Correct in this box, if applicable NORTH STATE INSURANCE AND INVESTMEN GARTH WEME 506 ALDER ST PO BOX 61 SANDPOINT, ID 83864	GARTH WEME 712 MAIN ST SANDPOINT, ID 83864 3. New 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)

Office held	Name	Street or P.O. Address	City	State	Zip
President	GARTH WEME	712 MAIN	SANDPOINT	ID	83864

5. Organized under the laws of IDAHO C 111741

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6. Signature [signature] Date 11-20-00

Name (Typed or Printed) GARTH WEME Title President

Issued 11/20/2000

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SECRETARY OF STATE
STATE OF IDAHO

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM