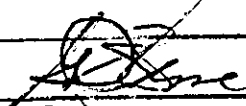


REINSTATEMENT

FILED/EFFECT

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 508 ALDER ST PO BOX 81 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
Organized under the laws of IDAHO C 111741	6. Signature  Name (Typed or Printed) GARTH WEME	Date 11-20-00 Title President

00 NOV 27 PM 11:58

SECRETARY OF STATE
STATE OF IDAHO

11/20/2000

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM