


No. <b>C 185917</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 04/09/2012</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> THOMAS MICHAEL SMITH 1601 N 10TH ST BOISE ID 83702														
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. <b>Mailing Address: Correct in this box if needed.</b> HIGH PLAINS DRIFTERS INC. THOMAS MICHAEL SMITH 1601 N 10TH ST BOISE ID 83702		3. <u>New</u> Registered Agent Signature.														
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>President</td> <td>Thomas Smith</td> <td>1601 N 10th ST</td> <td>Boise</td> <td>ID</td> <td>US</td> <td>83702</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Thomas Smith	1601 N 10th ST	Boise	ID	US	83702
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
President	Thomas Smith	1601 N 10th ST	Boise	ID	US	83702											
5. Organized Under the Laws of:  <b>IDAHO</b> <b>C 185917</b>	6. Signature:  Name (type or print): <u>Thomas M. Smith</u>			Date: <u>2/5/2013</u> Title: <u>President</u>													
Issued 02/05/2013 by DK1																	