No. C 155061	Reinstatement Annual Report Form ADMIN DISSOLVED 09/07/2010	2. Registered Agent and Office **(NOT A P.O. BOX)** CASEY CLAIR 6815 FAIRVIEW AVE BOISE ID 83704
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	**1. Mailing Address: Correct in this box if needed.** X-TREME POCKETS & ACCESSORIES, INC. 6815 FAIRVIEW AVE BOISE ID 83704	3. New Registered Agent Signature.
REINSTATEMENT **FEE DUE:** $30.00		

4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
President	Casey Clair	6815 Fairview	Boise	ID	US	83704

5. Organized Under the Laws of:	6.
IDAHO C 155061	Signature: [signature] Date: 5-25-11 Name (type or print): Casey Clair Title: Pres.

Issued 05/26/2011 by LJC