

| No. <b>C 149899</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Reinstatement Annual Report Form</b><br><b>ADMIN DISSOLVED 10/06/2009</b>                                                                                                                                                 |                         | 2. Registered Agent and Office<br><b>(NOT A P.O. BOX)</b> |             |         |                      |      |       |         |             |           |                   |                    |       |  |  |       |                |          |                       |       |  |  |       |           |                 |                         |       |  |  |       |           |                |                         |       |  |  |          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------|-------------|---------|----------------------|------|-------|---------|-------------|-----------|-------------------|--------------------|-------|--|--|-------|----------------|----------|-----------------------|-------|--|--|-------|-----------|-----------------|-------------------------|-------|--|--|-------|-----------|----------------|-------------------------|-------|--|--|----------|
| Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1. Mailing Address: Correct in this box if needed.<br>EAGLE MUSTANG FOOTBALL BOOSTERS CORPORATION<br><del>KEVIN FLEW</del> 372 S. Eagle Rd.<br><del>PO BOX 2268</del> Suite 109<br><del>EAGLE ID 83616</del> Eagle, ID 83616 |                         | KEVIN FLEW<br>1421 SANDALWOOD<br>MERIDIAN ID 83642        |             |         |                      |      |       |         |             |           |                   |                    |       |  |  |       |                |          |                       |       |  |  |       |           |                 |                         |       |  |  |       |           |                |                         |       |  |  |          |
| <b>REINSTATEMENT FEE</b><br><b>DUE: \$30.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                              |                         | 3. New Registered Agent Signature.                        |             |         |                      |      |       |         |             |           |                   |                    |       |  |  |       |                |          |                       |       |  |  |       |           |                 |                         |       |  |  |       |           |                |                         |       |  |  |          |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.<br><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>Richard Stockwell</td> <td>2455 E. Heathfield</td> <td>Eagle</td> <td></td> <td></td> <td>83616</td> </tr> <tr> <td>Vice President</td> <td>Tom Cota</td> <td>1897 E Laurelwood Dr.</td> <td>Eagle</td> <td></td> <td></td> <td>83616</td> </tr> <tr> <td>Secretary</td> <td>Sherry Shepherd</td> <td>1527 E Feather Nest Dr.</td> <td>Eagle</td> <td></td> <td></td> <td>83616</td> </tr> <tr> <td>Treasurer</td> <td>Carolyn Adkins</td> <td>3029 S White Castle Ave</td> <td>Eagle</td> <td></td> <td></td> <td>ID 83616</td> </tr> </tbody> </table> |                                                                                                                                                                                                                              |                         |                                                           | Office Held | Name    | Street or PO Address | City | State | Country | Postal Code | President | Richard Stockwell | 2455 E. Heathfield | Eagle |  |  | 83616 | Vice President | Tom Cota | 1897 E Laurelwood Dr. | Eagle |  |  | 83616 | Secretary | Sherry Shepherd | 1527 E Feather Nest Dr. | Eagle |  |  | 83616 | Treasurer | Carolyn Adkins | 3029 S White Castle Ave | Eagle |  |  | ID 83616 |
| Office Held                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Name                                                                                                                                                                                                                         | Street or PO Address    | City                                                      | State       | Country | Postal Code          |      |       |         |             |           |                   |                    |       |  |  |       |                |          |                       |       |  |  |       |           |                 |                         |       |  |  |       |           |                |                         |       |  |  |          |
| President                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Richard Stockwell                                                                                                                                                                                                            | 2455 E. Heathfield      | Eagle                                                     |             |         | 83616                |      |       |         |             |           |                   |                    |       |  |  |       |                |          |                       |       |  |  |       |           |                 |                         |       |  |  |       |           |                |                         |       |  |  |          |
| Vice President                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Tom Cota                                                                                                                                                                                                                     | 1897 E Laurelwood Dr.   | Eagle                                                     |             |         | 83616                |      |       |         |             |           |                   |                    |       |  |  |       |                |          |                       |       |  |  |       |           |                 |                         |       |  |  |       |           |                |                         |       |  |  |          |
| Secretary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Sherry Shepherd                                                                                                                                                                                                              | 1527 E Feather Nest Dr. | Eagle                                                     |             |         | 83616                |      |       |         |             |           |                   |                    |       |  |  |       |                |          |                       |       |  |  |       |           |                 |                         |       |  |  |       |           |                |                         |       |  |  |          |
| Treasurer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Carolyn Adkins                                                                                                                                                                                                               | 3029 S White Castle Ave | Eagle                                                     |             |         | ID 83616             |      |       |         |             |           |                   |                    |       |  |  |       |                |          |                       |       |  |  |       |           |                 |                         |       |  |  |       |           |                |                         |       |  |  |          |
| 5. Organized Under the Laws of:<br><br><b>IDAHO</b><br><b>C 149899</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 6. Signature: <u>Carolyn Adkins</u> Date: <u>5/11/12</u><br>Name (type or print): <u>Carolyn Adkins</u> Title: <u>Treasurer</u>                                                                                              |                         |                                                           |             |         |                      |      |       |         |             |           |                   |                    |       |  |  |       |                |          |                       |       |  |  |       |           |                 |                         |       |  |  |       |           |                |                         |       |  |  |          |
| Issued 05/10/2012 by KAH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                              |                         |                                                           |             |         |                      |      |       |         |             |           |                   |                    |       |  |  |       |                |          |                       |       |  |  |       |           |                 |                         |       |  |  |       |           |                |                         |       |  |  |          |

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**

**Block 1:** Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Notes:** To ensure future mailings, the corrected address must be inside Block 1.