No. C 111207	Reinstatement Annual Report Form 2. Registered Agent and Office
Return to:	ADMIN DISSOLVED 09/20/2012 (NOT A P.O. BOX)
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. BOISE ULTIMATE, INC. JEFFREY P. KAUFMAN Samuel Gift 1407 S LEADVILLE AVE 2315 w. Machine St. BOISE ID 83706 Buse, II) 83742
REINSTATEMENT FEE DUE: \$30.00	3. New Registered Agent Signature.
	Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. Name Street or PO Address City State Country Postal Code Samuel Goff 2315 W. Anduson St. Buist TD VA 83702
. Organized Under the Law	s of: 6.
IDAHO C 111207	Signature: Name (type or print): Date: 7/17/15 Title:

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Issued 02/17/2015 by DK1