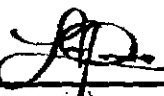


No. C 207792		Reinstatement Annual Report Form ADMIN DISSOLVED 02/24/2017		2. Registered Agent and Office (NOT A P.O. BOX) LANNAH PAREDES 745 W Bridge St Suite F Blackfoot ID 83221															
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00		1. Mailing Address; Correct in this box if needed. EPIC LYFE CORP LANNAH PAREDES 745 W Bridge St Suite F Blackfoot ID 83221		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>COO</td><td>Lannah Paredes</td><td>760 janet st</td><td>blackfoot</td><td>ID</td><td>USA</td><td>83221</td></tr></tbody></table>						Office Held	Name	Street or PO Address	City	State	Country	Postal Code	COO	Lannah Paredes	760 janet st	blackfoot	ID	USA	83221
Office Held	Name	Street or PO Address	City	State	Country	Postal Code													
COO	Lannah Paredes	760 janet st	blackfoot	ID	USA	83221													
5. Organized Under the Laws of: IDAHO C 207792		6. Signature:  Date: 9/13/17 Name (type or print): Lannah Paredes Title: coo/owner																	
Issued 09/13/2017 by online																			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM