

No. C 177395	Reinstatement Annual Report Form ADMIN DISSOLVED 05/14/2014		2. Registered Agent and Office (NOT A P.O. BOX)																					
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. BEN LOMAND, INC. DAVID JENSEN 4036 N 3320 E 161 5th Ave S, Ste 200 TWIN FALLS ID 83301		DAVID JENSEN 4036 N 3320 E TWIN FALLS ID 83301 L. Todd Ames 161 5th Ave S, Ste 200 Twin Falls, Id. 83301 3. New 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>David Jensen</td> <td>4036 N. 3320 E.</td> <td>Twin Falls,</td> <td>Id.</td> <td></td> <td>83301</td> </tr> <tr> <td>Secretary</td> <td>Diane Jensen</td> <td>4036 N. 3320 E.</td> <td>Twin Falls,</td> <td>Id.</td> <td></td> <td>83301</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	David Jensen	4036 N. 3320 E.	Twin Falls,	Id.		83301	Secretary	Diane Jensen	4036 N. 3320 E.	Twin Falls,	Id.		83301
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5. Organized Under the Laws of: IDAHO C 177395		6. Signature:  Date: <u>5-22-14</u> Name (type or print): <u>L. Todd Ames</u> Title: <u>CPA</u>																						

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