

No. C 160005	Reinstatement Annual Report Form ADMIN DISSOLVED 07/11/2012		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	1. Mailing Address: Correct in this box if needed. SMH INC. BENNY A HOFER P.O. BOX 1478 BONNERS FERRY ID 83805 USA		BENNY A HOFER 3417 MOON SHADOW RD BONNERS FERRY ID 83805																					
REINSTATEMENT FEE DUE: \$30.00			3. <u>New</u> Registered Agent Signature.																					
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer. <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>Benny Hofer</td> <td>PO BOX 1478</td> <td>Bonn timers ferry.</td> <td>ID</td> <td></td> <td>83805</td> </tr> <tr> <td>Secretary</td> <td>Melenie Hanson</td> <td>PO BOX 1478</td> <td>Bonn timers ferry.</td> <td>ID</td> <td></td> <td>83805</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Benny Hofer	PO BOX 1478	Bonn timers ferry.	ID		83805	Secretary	Melenie Hanson	PO BOX 1478	Bonn timers ferry.	ID		83805
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5. Organized Under the Laws of: IDAHO C 160005	6. Signature:  Date: _____ Name (type or print): <u>Benny Hofer</u> Title: <u>President</u>																							

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM