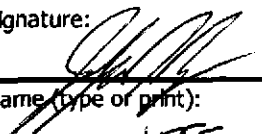


No. C 188388	Reinstatement Annual Report Form ADMIN DISSOLVED 12/16/2015		2. Registered Agent and Office (NOT A P.O. BOX)														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. PERRY DESIGNS INC. JEFF PERRY 930 W LAKE ST SANDPOINT ID 83864		JOHN ARNOLD 518 4TH AVE SANDPOINT ID 83864-9257														
REINSTATEMENT FEE DUE: \$30.00			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>PRES.</td> <td>JEFF PERRY</td> <td>20635 ELKWOOD PL.</td> <td>LAKE MATTHEWS</td> <td>CA</td> <td>U.S</td> <td>92570</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	PRES.	JEFF PERRY	20635 ELKWOOD PL.	LAKE MATTHEWS	CA	U.S	92570
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
PRES.	JEFF PERRY	20635 ELKWOOD PL.	LAKE MATTHEWS	CA	U.S	92570											
5. Organized Under the Laws of: IDAHO C 188388	6. Signature:  Date: <u>3/14/16</u> Name (type or print): <u>JEFF PERRY</u> Title: <u>PRES.</u>																

Issued 03/11/2016 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM