

No. C 128265	Reinstatement Annual Report Form ADMIN DISSOLVED 07/10/2013		2. Registered Agent and Office (NOT A P.O. BOX) MICHAEL ASAY 1850 N 5600 W MALAD ID 83252																					
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. ASAY'S REPAIR, INC. CATHY ASAY 1850 N 5600 W MALAD ID 83252																							
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>President</td> <td>Michael Asay</td> <td>1850N 5600W</td> <td>Malad</td> <td>ID</td> <td>USA</td> <td>83252</td> </tr> <tr> <td>Secretary</td> <td>Cathy Asay</td> <td>1850N 5600W</td> <td>Malad</td> <td>ID</td> <td>USA</td> <td>83252</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Michael Asay	1850N 5600W	Malad	ID	USA	83252	Secretary	Cathy Asay	1850N 5600W	Malad	ID	USA	83252
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Secretary	Cathy Asay	1850N 5600W	Malad	ID	USA	83252																		
5. Organized Under the Laws of: IDAHO C 128265	6. Signature: <u>Cathy Asay</u> Name (type or print): <u>Cathy Asay</u>			Date: <u>7-13-15</u> Title: <u>Secretary</u>																				

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INSTRUCTIONS FOR THE REINSTATEMENT ANNUAL REPORT FORM