

No. C 87873		Reinstatement Annual Report Form ADMIN DISSOLVED 01/14/2013		2. Registered Agent and Office (NOT A P.O. BOX) MICHAEL MURIE 199 N CAPITOL BLVD STE 400 BOISE ID 83702																						
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. MURIE GRAPHIC DESIGN, INC. MICHAEL J. MURIE 199 N CAPITOL STE 400 BOISE ID 83702 USA		3. New Registered Agent Signature.																						
REINSTATEMENT FEE DUE: \$30.00																										
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres.																										
<table><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 Murie</td><td>589 W. Two Rivers Dr.</td><td>Eagle</td><td>ID</td><td></td><td>83616</td></tr><tr><td>Treasurer</td><td>Christi murie</td><td>6440 W. Plantation Ln</td><td>Boise</td><td>ID</td><td></td><td>83703</td></tr></tbody></table>						Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Michael Murie	589 W. Two Rivers Dr.	Eagle	ID		83616	Treasurer	Christi murie	6440 W. Plantation Ln	Boise	ID		83703
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5. Organized Under the Laws of: IDAHO C 87873		6.																								
		Signature: <i>Christi murie</i>		Date: <u>1-24-13</u>																						
		Name (type or print): <u>Christi murie</u>		Title: <u>CFO</u>																						
Issued 01/24/2013 by KAH																										