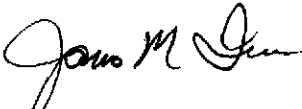


No. C 164727	Reinstatement Annual Report Form ADMIN DISSOLVED 04/26/2016		2. Registered Agent and Office (NOT A P.O. BOX)														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080			1. Mailing Address: Correct in this box if needed. CABINET CONCEPTS INC JIM M. IRVINE 1764 E STATE ST EAGLE ID 83616	JAMES IRVINE 1764 E STATE ST EAGLE ID 83616													
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>President</td> <td>JAMES M. IRVINE</td> <td>1764 E STATE</td> <td>Eagle</td> <td>ID</td> <td>USA</td> <td>83616</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	JAMES M. IRVINE	1764 E STATE	Eagle	ID	USA	83616
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
President	JAMES M. IRVINE	1764 E STATE	Eagle	ID	USA	83616											
5. Organized Under the Laws of: IDAHO C 164727	6. Signature:  <hr/> Name (type or print): JAMES M. IRVINE			Date: 5-3-16 <hr/> Title: 5-3-16													
Issued 05/03/2016 by online																	

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM