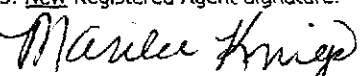
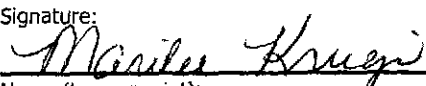
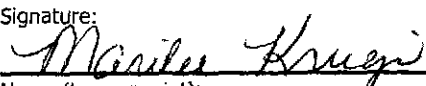
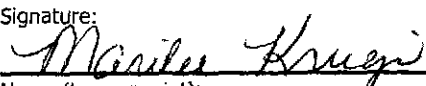


FILED EFFECTIVE

No. C 117701	Reinstatement Annual Report Form ADMIN DISSOLVED 04/30/2018		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 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. PMK, INC. PHILIP C KNIEP PO BOX 612 SHOSHONE ID 83352	PHILIP C KNIEP - MARILEE 420 W 4TH ST KNIEP SHOSHONE ID 83352 3. New 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>Marilee Kniep</td> <td>420 W 4th St</td> <td>Shoshone</td> <td>ID</td> <td>USA</td> <td>83352</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Marilee Kniep	420 W 4th St	Shoshone	ID	USA	83352
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
President	Marilee Kniep	420 W 4th St	Shoshone	ID	USA	83352											
5. Organized Under the Laws of: IDAHO C 117701	6. <table border="0"> <tr> <td>Signature: </td> <td>Date: 5/17/18</td> </tr> <tr> <td>Name (type or print): Marilee Kniep</td> <td>Title: President</td> </tr> </table>			Signature: 	Date: 5/17/18	Name (type or print): Marilee Kniep	Title: President										
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Issued 05/15/2018 by online