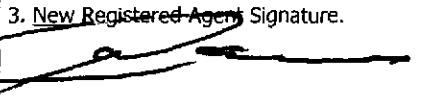
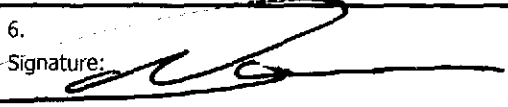


No. C 173824	Reinstatement Annual Report Form ADMIN DISSOLVED 09/07/2010		2. Registered Agent and Office (NOT A P.O. BOX)																					
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. PAULOS CHARITABLE FOUNDATION, INC. 901 S LINCOLN P.O. Box 5464 JEROME ID 83338 Twin Falls, ID 83303	CON P PAULOS 901 S LINCOLN JEROME ID 83338 251 E. Frontage Rd 50 Jerome, Id 83338 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>Con P. Paulos</td> <td>P.O. Box 5464</td> <td>Twin Falls,</td> <td></td> <td></td> <td>83303</td> </tr> <tr> <td>Sec.</td> <td>Peter C. Paulos</td> <td>P.O. Box 5464, TF</td> <td></td> <td></td> <td></td> <td>83303</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Con P. Paulos	P.O. Box 5464	Twin Falls,			83303	Sec.	Peter C. Paulos	P.O. Box 5464, TF				83303
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5. Organized Under the Laws of: IDAHO C 173824	6. Signature:  Name (type or print): Con P. Paulos Date: 4-13-15 Title: President.																							

Issued 04/13/2015 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM