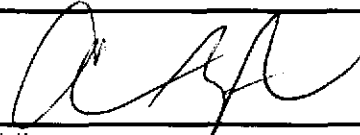


No. C 178381	Reinstatement Annual Report Form ADMIN DISSOLVED 07/08/2009		2. Registered Agent and Office (NOT A P.O. BOX)														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. 5B WESTPARK MONTESSORI, INC. 270 NORTHWOOD WAY STE 205 KETCHUM ID 83340 PO Box 1065 Sun Valley ID 83353		CHRIS R STEPHENS 270 NORTHWOOD WAY STE 205 KETCHUM ID 83340 40 Eagle Creek Rd 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>Director</td> <td>Chris R. Stephens</td> <td>Box 1065</td> <td>Sun Valley</td> <td>ID</td> <td>USA</td> <td>83353</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Director	Chris R. Stephens	Box 1065	Sun Valley	ID	USA	83353
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
Director	Chris R. Stephens	Box 1065	Sun Valley	ID	USA	83353											
5. Organized Under the Laws of: IDAHO C 178381	6. Signature:  <table border="1"> <tr> <td>Name (type or print): Chris R. Stephens</td> <td>Date: 11.18.14</td> </tr> <tr> <td>Title: Director</td> <td></td> </tr> </table>			Name (type or print): Chris R. Stephens	Date: 11.18.14	Title: Director											
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