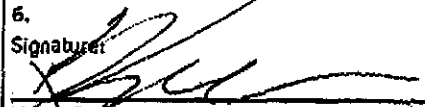


No. C 192524	Reinstatement Annual Report Form ADMIN DISSOLVED 01/16/2015		2. Registered Agent and Office (NOT A P.O. BOX)														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. SUPERIOR TIRE INC KELTON LARSEN 4540 NORTH SALEM RD. REXBURG ID 83440		KELTON LARSEN 1721 W 4200 N REXBURG ID 83440														
REINSTATEMENT FEE DUE: \$30.00			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>Pres:</td><td>Kelton Larsen</td><td>4540 North Salem Rd</td><td>Rexburg</td><td>ID</td><td></td><td>83440</td></tr></tbody></table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Pres:	Kelton Larsen	4540 North Salem Rd	Rexburg	ID		83440
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
Pres:	Kelton Larsen	4540 North Salem Rd	Rexburg	ID		83440											
5. Organized Under the Laws of: IDAHO C 192524	6. Signature:  Name (type or print): KELTON LARSEN			Date: 1-22-15 Title: OWNER													

Issued 01/22/2015 by KAH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM