No. C 192524	Reinstatement Annual Report Form ADMIN DISSOLVED 01/16/2015	2. Registered Agent and Office **(NOT A P.O. BOX)** KELTON LARSEN 1721 W 4200 N REXBURG ID 83440
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	3. New Registered Agent Signature.
REINSTATEMENT FEE DUE: $30.00		

4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres.

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:	6. Signature:	Date:
IDAHO C 192524	Name (type or print): KELTON LARSEN	Title: OWNER

Issued 01/22/2015 by KAH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM