No. C 176538	Reinstatement Annual Report Form ADMIN DISSOLVED 04/26/2016	2. Registered Agent and Office **(NOT A P.O. BOX)** KATHY MITCHELL 6507 HWY 2 STE 102 PRIEST RIVER ID 83856
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.** BECKER CONSTRUCTION, INC. SUSAN K GRIFFITH PO BOX 243 MEDICINE LAKE MT 59247	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
PRESIDENT	SUSAN Griffith	BOX 243	MEDICINELAKE	MT		59247
V. PRESIDENT	BEAU Griffith	BOX 243	MEDICINELAKE	MT		59247
SEC.	KATHY Mitchell	BOX 846	PRIEST River	ID		83856

5. Organized Under the Laws of:	6.
IDAHO C 176538	Signature: Kathy Mitchell Date: 5/16/16 Name (type or print): KATHY Mitchell Title: SEC

Issued 05/16/2016 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the [illegible] mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the