FILED EFFECTIVE

No. C 84892	Reinstatement Annual Report Form ADMIN DISSOLVED 12/16/2014 1. Mailing Address: Correct in this box if needed. BOB'S MART, INC. JEFFREY ELWELL BOX 87 PRESTON ID 83263 P.O. Box 572596 Murray, Ut. 84/57	2. Registered Agent and Office (NOT A P.O. BOX) JAY MEYERS 300 NORTH 7TH & LANDER ST. POCATELLO ID 83205
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		
REINSTATEMENT FEE DUE: \$30.00		3. New Registered Agent Signature.
Office Held	er Names and Business Addresses of President, Secre Name Street or PO Address City Jeff Elwell SP24 S. Langfellinus	State Country Postal Code
5. Organized Under the La	ws of: 6. Signature:	Date: 2=2-15
C 84892	Name (spece print): Jeff thwell	THE: Ires, Jent

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 correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.