


No. <b>C 189545</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 03/10/2014</b>		<b>2. Registered Agent and Office</b> <b>(NOT A P.O. BOX)</b> CHRISTOPHER M FITZGERALD <del>4019 CASSIA</del> <del>BOISE ID 83704</del> <b>315 N Garden St</b> <b>Boise ID 83706</b>														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	<b>1. Mailing Address: Correct in this box if needed.</b> CAIP INC. CHRISTOPHER M FITZGERALD 967 E PARKCENTER STE 440 BOISE ID 83706 USA		<b>3. New Registered Agent Signature.</b>														
<b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>																	
<b>4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres.</b> <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><i>All</i></td> <td><i>Christopher M Fitzgerald</i></td> <td><i>315 N Garden St</i></td> <td><i>Boise</i></td> <td><i>ID</i></td> <td><i>83706</i></td> <td></td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	<i>All</i>	<i>Christopher M Fitzgerald</i>	<i>315 N Garden St</i>	<i>Boise</i>	<i>ID</i>	<i>83706</i>	
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<b>5. Organized Under the Laws of:</b>  <b>IDAHO</b> <b>C 189545</b>	<b>6. Signature:</b>  <b>Name (type or print):</b> <i>Christopher M Fitzgerald</i>			<b>Date:</b> <i>1-13-15</i> <b>Title:</b> <i>Principle</i>													

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## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM