No. C 154242	Reinstatement Annual Report Form	2. Registered Agent and Office (NOT A P.O.
110. 0 10 12 12	ADMIN DISSOLVED 07/08/2008	BOX)
Return to:	ADMIN DISSOLVED 07/00/2000	JOE DECECCHIS
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.	408 CABINET VIEW LN
450 N 4th STREET		SANDPOINT ID 83864
PO BOX 83720 BOISE, ID 83720-0080	PEREGRINE BUILDERS CORP.	
00131, 10 03720 0000	4702 LIBBER DAGK DEKER DR	
	-1702 UPPER PACK RIVER RD	3. New Registered Agent Signature.
	SANDPOINT ID 83864	VICTOR HOYOS 229 OLD RIVER RD
	Po 471	1229 OCD RIVER RU
REINSTATEMENT	Vargery a par	54.VDPOINT 10 83864
FEE DUE: \$30.00	KEOTENAI ID 83840	54.0000101 100 03001
4. Corporations: Enter Nam	es and Business Addresses of President, Secretary, Directo	ors and(optional) Treasurer.
Office Held Nan		City State Country Postal Code
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IFES IDEM	JOE DECECCHIS YOU CAS	5 AND POINT ID 83864
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	VICTOR HOPOS POY11 KOOT	22010
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; *	Signature:	Date: 9/1 /
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C 154242	Name (type or print): VI CTOR 1407	Title: TREASURE
Issued 09/20/2010 by JL1		ł

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1:** Pay special attention to the mailing address. If the correct 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.