

No. C 119234		Reinstatement Annual Report Form ADMIN DISSOLVED 07/28/2016		2. Registered Agent and Office (NOT A P.O. BOX) STACIE PEABODY 621 E LOGAN BOISE ID 83712															
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00		1. Mailing Address: Correct in this box if needed. FINGERPRINTS, INC. STACIE PEABODY 621 E LOGAN BOISE ID 83712		3. New Registered Agent Signature.															
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. <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>Director</td> <td>Stacie Peabody</td> <td>621 E Logan</td> <td>Boise</td> <td>Ida</td> <td></td> <td>83712</td> </tr> </tbody> </table>						Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Director	Stacie Peabody	621 E Logan	Boise	Ida		83712
Office Held	Name	Street or PO Address	City	State	Country	Postal Code													
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5. Organized Under the Laws of: IDAHO C 119234		6. <table border="1"> <tr> <td>Signature:</td> <td>Stacie Peabody</td> <td>Date:</td> <td>2-15-2018</td> </tr> <tr> <td>Name (type or print):</td> <td>Stacie Peabody</td> <td>Title:</td> <td>Director</td> </tr> </table>				Signature:	Stacie Peabody	Date:	2-15-2018	Name (type or print):	Stacie Peabody	Title:	Director						
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Issued 02/15/2018 by TLB																			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM