

# REINSTATEMENT

No. C 104045 Return to: SECRETARY OF STATE 700 WEST JEFFERSON P.O. BOX 83720 BOISE, ID 83720-0080 ADMIN DISS 2/10/99 FEE DUE \$30.00	<b>Annual Report Form</b> 1. Mailing Address - Please Correct, If Not Correct PHOENIX SERVICES, INC MICHAEL KOLB PO BOX 535 SUN VALLEY ID 83353	2. Registered Agent and Office NOT A P.O. BOX MICHAEL KOLB 4744 W STATE BOISE ID 83703 3. Organized Under the Laws of: C 104045																								
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>DIRECTOR</td> <td>MICHAEL KOLB</td> <td>5556 N. COLLISTER</td> <td>BOISE</td> <td>IDAHO</td> <td>83703</td> </tr> <tr> <td>PRESIDENT</td> <td>WENDY KOLB</td> <td>5556 N. COLLISTER</td> <td>BOISE</td> <td>IDAHO</td> <td>83703</td> </tr> <tr> <td>SECRETARY</td> <td>PATRICIA KOLB</td> <td>2013 WHITE PINE LN.</td> <td>BOISE</td> <td>IDAHO</td> <td>83706</td> </tr> </tbody> </table>			Office Held	Name	Street or P.O. Address	City	State	Zip	DIRECTOR	MICHAEL KOLB	5556 N. COLLISTER	BOISE	IDAHO	83703	PRESIDENT	WENDY KOLB	5556 N. COLLISTER	BOISE	IDAHO	83703	SECRETARY	PATRICIA KOLB	2013 WHITE PINE LN.	BOISE	IDAHO	83706
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5. Signature of New Registered Agent	6. <table border="1"> <tr> <td>Signature</td> <td><i>MK Kolb</i></td> <td>Date</td> <td>4/8/99</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>MICHAEL KOLB</td> <td>Title</td> <td>PRESIDENT</td> </tr> </table>		Signature	<i>MK Kolb</i>	Date	4/8/99	Name (Typed or Printed)	MICHAEL KOLB	Title	PRESIDENT																
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## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

- Please pay special attention to the mailing address. If it is incorrect, please make the appropriate corrections.  
**NOTE:** The name of the business entity cannot be altered on the annual report form.
- If the registered agent has changed or moved, please make that correction on this form. The registered agent must be found IN IDAHO at a PHYSICAL ADDRESS. PO Boxes WILL NOT be accepted. If report is for a Limited Liability please refer to #4 below.
- Corporation: Enter names and addresses of ONLY the president, secretary, and directors in block 4.  
 Limited Liability Company: Enter the names and addresses of the managers or members in block 4.  
**NOTE:** Putting "same as last year" WILL NOT be accepted.
- Limited Liability Company: If the registered agent has been changed in block 2, then the NEW registered agent must accept that position by signing in block 5.
- Corporation: Block 6 must be signed by an officer or chairman of the board of the corporation. Signer must specify his or her title.  
 Limited Liability Company: Block 6 must be signed by a manager or member, who must specify his or her title.
- If new registered Agent, please sign block 5.

IDAHO SECRETARY OF STATE  
 04/09/1999 09:00  
 CX: CASH CT: 98575 BN: 205825  
 1 @ 30.00 = 30.00 CORP REINS # 2