


No. C 159414	Reinstatement Annual Report Form ADMIN DISSOLVED 06/12/2015		2. Registered Agent and Office (NOT A P.O. BOX) SHARLA O'KRAKEL 227 Shoshone Ave. NAMPA ID 83651														
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. JAZS ENTERPRISE, INC. SHARLA O'KRAKEL 227 Shoshone Ave NAMPA ID 83651		3. <u>New</u> 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>President</td> <td>Juso Kapic</td> <td>3521 E. Ustick</td> <td>Caldwell</td> <td>Id</td> <td></td> <td>83607</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Juso Kapic	3521 E. Ustick	Caldwell	Id		83607
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
President	Juso Kapic	3521 E. Ustick	Caldwell	Id		83607											
5. Organized Under the Laws of: IDAHO C 159414	6. Signature:  Name (type or print): Juso Kapic			Date: 15 Jan. 17 Title: President													

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM