No. C 142876	Reinstatement Annual Report Form ADMIN DISSOLVED 06/04/2009	2. Registered Agent and Office **(NOT A P.O. BOX)**
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. **Mailing Address: Correct in this box if needed.** ORR FLOOR CARE, INC. PO BOX 2612 HAILEY ID 83333	JEFFREY ORR ~~1123 LAVINA AVE~~ ~~TWIN FALLS ID 83301~~ 321 alder Hailey, ID 83333
REINSTATEMENT FEE **DUE:** $30.00		3. New Registered Agent Signature.

4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
	Jeff Orr		Hailey ID		USA	83333
	Tiffany Orr		Hailey, ID		USA	83333

5. Organized Under the Laws of:	6.
IDAHO C 142876	Signature: Tiffany Orr Name (type or print): Tiffany Orr Date: 11/20/12 Title: owner

Issued 11/07/2012 by SLD

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM