

REINSTATEMENT

No. C 103257 Return to: SECRETARY OF STATE 700 WEST JEFFERSON P.O. BOX 83720 BOISE, ID 83720-0080 ADMIN. FEE DUE \$30.00 ALL SOLVED \$216.98 \$30.00	Annual Report Form 1. Mailing Address - Please Correct, If Not Correct THE MORTGAGE MAKERS, INC. SHARON DE PARTEE 5390 S FIVE MILE RD BOISE ID 83709	2. Registered Agent and Office NOT A P.O. BOX SHARON DE PARTEE 5390 S FIVE MILE RD BOISE ID 83709 3. Organized Under the Laws of: C 103257																		
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 style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Office Held</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or P.O. Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Zip</th> </tr> </thead> <tbody> <tr> <td>PRESIDENT - TREASURER</td> <td>SHARON DE PARTEE</td> <td>5390 S. FIVE MILE RD.</td> <td>BOISE,</td> <td>ID</td> <td>83709</td> </tr> <tr> <td>SECRETARY</td> <td>IRENE DE PARTEE</td> <td>5390 S. FIVE MILE RD.</td> <td>BOISE,</td> <td>ID</td> <td>83709</td> </tr> </tbody> </table>			Office Held	Name	Street or P.O. Address	City	State	Zip	PRESIDENT - TREASURER	SHARON DE PARTEE	5390 S. FIVE MILE RD.	BOISE,	ID	83709	SECRETARY	IRENE DE PARTEE	5390 S. FIVE MILE RD.	BOISE,	ID	83709
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SECRETARY	IRENE DE PARTEE	5390 S. FIVE MILE RD.	BOISE,	ID	83709															
5. Signature of New Registered Agent	6. Signature <u>Sharon DePatee</u> Date <u>8/8/98</u> Name (Typed or Printed) <u>SHARON DE PARTEE</u> Title <u>PRESIDENT</u>																			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

- 1.) 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.
- 2.) 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.
- 3.) 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.
- 4.) 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.
- 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.
- 6.) If new registered Agent, please sign block 5.

IDAHO SECRETARY OF STATE

08/11/1998 09:00
 CK: 1018 CT: 102568 BH: 135742

1 @ 30.00 = 30.00 CORP REINS