

No. C 165639		Reinstatement Annual Report Form ADMIN DISSOLVED 06/28/2017		2. Registered Agent and Office (NOT A P.O. BOX) NICOLE M JOHNSON 245 GENA WAY MCCALL ID 83638															
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. SNOWFLAKE CORP. PO BOX 2458 2902 MCCALL ID 83638																	
REINSTATEMENT FEE DUE: \$30.00				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>Nicole Pietri</td><td>P.O. Box 2902</td><td>McCall</td><td>ID</td><td>USA</td><td>83638</td></tr></tbody></table>						Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Nicole Pietri	P.O. Box 2902	McCall	ID	USA	83638
Office Held	Name	Street or PO Address	City	State	Country	Postal Code													
President	Nicole Pietri	P.O. Box 2902	McCall	ID	USA	83638													
5. Organized Under the Laws of: IDAHO C 165639		6. <table border="1"><tr><td>Signature: </td><td>Date: 11/13/17</td></tr><tr><td>Name (type or print): Nicole Pietri</td><td>Title: President</td></tr></table>				Signature: 	Date: 11/13/17	Name (type or print): Nicole Pietri	Title: President										
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Received 11/13/2017 by online