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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE
AFFORMASSEE, FLORID

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COVER LETTER
TO: New Filing Section Division of Corporations
SUBJECT: CRI Advantage, Inc.
(Name of corporation - must include suffix)
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Jennifer Bly
(Name of Person)
CRI Advantage, Inc.
(Firm/Company)
12754 W. Lasalle Street
(Address)
Boise, ID 83713
(City/State and Zip code)
For further information concerning this matter, please call:
Jennifer Bly at (208) 287-4211
(Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building Clother Circle Tallahassee, FL 32301 MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
\$70.00 Filing Fee \$78.75 Filing Fee & \$78.75 Filing Fee & Certificate of Status Certified Copy \$87.50 Filing Fee, Certified Copy

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(FEI number, if applicable) (Duration: Year corp. will cease to exist or "perpetual")
(Duration: Year corp. will cease to exist or "perpetual")
(Duration: Tear corp. will cease to exist or perpetual)
n Florida, if prior to registration) 502, F.S., to determine penalty liability)
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ountry to be carried out in state of Florida) D. Box NOT acceptable)
ountry to be carried out in state of Florida)
D. Box NOT acceptable)
T . Florida 32503 (Zip code)
Florida 32503
(Zip code)
ice of process for the above stated corporation at the pi ment as registered agent and agree to act in this capac elative to the proper and complete performance of my sition as registered agent.

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12., Names and business addresses of officers and/or directors:	FILED
A. DİRECTORS	07 DEC 17 PM 3: 43
Chairman:	SECRETARY OF
Address:	FALLAHASSEE, FLORIDA
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
President: Gary Brookshier	
Address: 12754 W. Lasalle Street	
Boise ID 83713	
Vice President:	
Address:	
Secretary: Judy Brookshier	
Address: 12754 W. Lasalle St, Boise, ID 83713	
To Tim Powers	
Address: 12754 W. Lasalle St, Boise, ID 83713	
NOTE: If necessary, you may attach an addendum to the application listing ac	dditional officers and/or directors.
13.	
(Signature of Director or Officer listed in number 12 of	the application)
14. Tim Powers Chief Financial Officer	
(Typed or printed name and capacity of person signing	g application)

State of Idaho

Office of the Secretary of State

OF CRI ADVANTAGE, INC.

File Number C 87715



I, BEN YSURSA, Secretary of State of the State of Idaho, hereby certify that I am the custodian of the corporation records of this State.

I FURTHER CERTIFY That the record of this office show that the above-named corporation was incorporated under the laws of Idaho on October 12, 1988.

I FURTHER CERTIFY That the corporation is in goodstanding on the records of this office.

Dated: November 15, 2007



Ben youra

By Kliuz Kurmen