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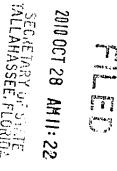
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#### **COVER LETTER**

Division of Corporations		
SUBJECT: Hot Shot Thrill Rid.	es. Inc.	
Name of corporation	on - must include suffix	<del></del>
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Standard above referenced foreign corporation to transact busing	anding" and check are submitted to register th	
Please return all correspondence concerning this matt	er to the following:	
Josie Wolfe		
Name o	f Person	<del></del>
Hot Shot Thrill Rides, In	4	
Firm/Co	ompany	
311 West 500 South		
Add	Iress	
Heyburn, Idaho 83: City/State  Sosiewolfe@hotshotthrillrid. E-mail address: (to be used	336	····
City/State	and Zip code	
Josiewolfe Photshot thrillrid.	es. com	
E-mail address: (to be used	for future annual report notification)	201
For further information concerning this matter, please	e call:	2010 OCT 28
Josie Wolfe at (208		S ilean
Name of Person Are	a Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	22
Enclosed is a check for the following amount:		
□ \$70.00 Filing Fee · □ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & S87.50 Filing Certificate o Certified Copy	ree, f Status &

### • 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.

(Enter name of co	rporation; must include "INCOR rp." "Inc," "Co," or "Corp.")	PORATED,"	"COMPANY,	" "CORPORATIO	N,"	
me., co., ce	ip, me, Co, or Corp. )					
(If name unavaila	ble in Florida, enter alternate con	porate name a	dopted for the	purpose of transacti	ing business in Flori	da)
2. Idaha		2	70 - 21	153295		
(State or country to	inder the law of which it is incorp	orated)	<u> </u>	(FEI number, if ap	plicable)	_
4. <del>Mass</del> 2/	25/2005	5.	Per	methal .	o exist or "perpetual	
(Date	25/2005 of incorporation)		(Duration: Ye	ar corp. will cease t	o exist or "perpetual	")
6. Novem	her 3,2010	· · · · · · · · · · · · · · ·				
	(Date first transacte (SEE SECTIONS 607.15				lity)	
<b>-</b> 2					(ity)	
7. <u>511 Wes</u>	500 South Heyk	al office addre	(SS)	334		<del></del>
311 west	soo South Herbur	n In	83336			
	500 South Heybur (Current	mailing addre	ess)			
. 0						
8. Drive in an (Purpose(s)	of corporation authorized in hom	ne state or cou	ntry to he carri	ed out in state of Fi	lorida) 5	
						5
3. Name and street	address of Florida registered	agent: (P.O.	Box NOT ac	ceptable)	OCI AHA	
Name:	AGENTS AND CORPORAT	CIONS, INC	<u>.                                    </u>		28 (28)	TO SERVE
Office Address:	300 FIFTH AVENUE SO	UTH, SUI	TE 101-330	1		2
	NAPLES		, Florida	34102	AH II:	**************************************
	(City)		, Florida	(Zip code)		
10. Registered age	untic accomton an		•		,™ 155	
Having been name	d as registered agent and to a	ccept service	of process fo	or the above state	d corporation at th	ie place
designated in this a	pplication, I hereby accept th	e appointme	nt as register	ed agent and agr	ee to act in this co	nacity I
and I am familiar i	mply with the provisions of all with gnd accept the obligation	s of my posi	tion as regist	roper and comple ered agent.	te performance of	my duties,
	Azents and Co.	poration	hy duc.			
But	11/2 11/1/11	/ i				
77	(Registered agent's	s signatura)	J. M.			
	Jacogisticiou agent	a siminimic)				

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:	
A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
President: Tamra L Turner	
Address: 2902 Tendou Street	2010 ALL
Twin Falls, Idaho 83301	MAN TOO
Vice President: Melvin E. Barendregt	SEE CO
Address: -311 West 500 South	
Heyburn, ID 83336	
Secretary: Calby T Barendregt	
Address: 3503 Fast 3138 North, Kimberly, In 83341	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional offi	icers and/or directors.
13. James 1 June President	
(Signature of Director or Officer listed in number 12 of the application)	on)
4. Tamra L Turner  (Typed or printed name and capacity of person signing application)	)

## State of Idaho

### Office of the Secretary of State

# OF HOT SHOT THRILL RIDES, INC.

File Number C 159095

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 February 25, 2005.

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

Dated: September 24, 2010



Ben youra

By County interser