

No. C 73510	Reinstatement Annual Report Form ADMIN DISSOLVED 11/17/2015		2. Registered Agent and Office (NOT A P.O. BOX) RUTHADA POWELL <i>George L. Hall</i> 1000 N 3RD E MOUNTAIN HOME ID 83647														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. MOUNTAIN HOME SENIOR CENTER, INC. RUTHADA POWELL <i>George L. Hall</i> 1000 NORTH 3RD EAST MOUNTAIN HOME ID 83647																
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 colspan="7" style="text-align: center;"><i>See attached</i></td> </tr> </tbody> </table>			Office Held	Name	Street or PO Address	City	State	Country	Postal Code	<i>See attached</i>							3. <u>New Registered Agent Signature.</u> <i>George L. Hall</i>
			Office Held	Name	Street or PO Address	City	State	Country	Postal Code								
<i>See attached</i>																	
5. Organized Under the Laws of: IDAHO C 73510		6. Signature: <i>George L. Hall</i> Name (type or print): <i>George L. Hall</i> Date: <i>11/24/15</i> Title: <i>Board of Director</i>															

Issued 11/23/2015 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho, **not a Post Office Box or Personal Mail Box.**

Block 3: Only a **new** registered agent must sign in Block 3.

Block 4: Enter names and business addresses of president, secretary, and directors. **Note: DO NOT put "same as last year" or "same as above". These will not be accepted. Changes here will not affect the address in Block 1.** If more space is needed please add an attachment.

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the corporation. Print or type the name of the signer below the signature.

**** The image of this form will be available on the internet once it has been filed. DO NOT enter Social Security numbers.**

If the corporation is no longer doing business in Idaho, you may file the appropriate form. Forms are available on the website at www.sos.idaho.gov. However, if no timely annual report is filed, administrative action will be taken, at no cost to the corporation to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.

If the document is incorrect, is there a telephone number to reach you for corrections? *509-238-1884*



IDAHO SECRETARY OF STATE

BUSINESS ENTITY ONLINE ANNUAL REPORTING

Lawrence E. Denny, Secretary of State

[Help](#)**C 73510****MOUNTAIN HOME SENIOR CENTER, INC.**

Mailing Name: PAUL MOTT
Mailing Address: 1000 NORTH 3RD EAST Apt/Suite:
City: MOUNTAIN HOME State: ID Zipcode: 83647
Country: Foreign Postal Code*:

* Only enter Foreign Postal Code if country is other than "USA"

[Help](#)**Registered Agent**

Agent Name: RUTHADA POWELL Date Appointed: 08/06/2003
Address**: 1000 N 3RD E
City: MOUNTAIN HOME State: ID Zipcode: 83647

** PO Box and PMB Not Allowed

A form must be filed to change the name of the registered agent. Click [Change of Registered Agent](#) to access the form.

[Help](#)

NOTE: Corporations must enter the following officers: President, Secretary, and Directors.

[Add Officer](#)**Total Officers: 13**

[Delete Officer](#) Office Held: DIRECTOR
Officer Name: DARLENE WATSON
Address: 685 E 14TH N (Additional Address Info)
City: MOUNTAIN HOME State: ID Zipcode: 83647
Country: USA Foreign Postal Code*:

[Delete Officer](#) Office Held: DIRECTOR
Officer Name: RAMONA YRAZABAL
Address: 1685 E 6TH S (Additional Address Info)
City: MOUNTAIN HOME State: ID Zipcode: 83647
Country: USA Foreign Postal Code*:

[Delete Officer](#) Office Held: DIRECTOR
Officer Name: CONNIE CRUSER
Address: 970 N 5TH E
City: MOUNTAIN HOME State: ID Zipcode: 83647
Country: USA Foreign Postal Code*:

[Delete Officer](#) Office Held: DIRECTOR
Officer Name: PATRICIA STEELE
Address: 305 NW WILSON CIRCLE
City: MOUNTAIN HOME State: ID Zipcode: 83647
Country: USA Foreign Postal Code*:

[Delete Officer](#) Office Held: TREASURER
Officer Name: LISA M SIMPSON
Address: 215 BAKER DR.
City: MOUNTAIN HOME State: ID Zipcode: 83647
Country: USA Foreign Postal Code*:

[Delete Officer](#) Office Held: DIRECTOR
Officer Name: GEORGE HALL
Address: 2251 S 10TH E
City:

	Country:	MOUNTAIN HOME	State:	ID	Zipcode:	83647-	
		USA	Foreign Postal Code*:				
	Office Held:	PRESIDENT					
	Officer Name:	PAUL		MOTT			
	Address:	955 N 13TH E					
	City:	MOUNTAIN HOME	State:	ID	Zipcode:	83647-	
	Country:	USA	Foreign Postal Code*:				
	Office Held:	DIRECTOR					
	Officer Name:	ERNIE		LOMBARD			
	Address:	1020 N 9TH E					
	City:	MOUNTAIN HOME	State:	ID	Zipcode:	83647-	
	Country:	USA	Foreign Postal Code*:				
	Office Held:	DIRECTOR					
	Officer Name:	SANDY		MEALER			
	Address:	129 GOODALL					
	City:	MOUNTAIN HOME	State:	ID	Zipcode:	83647-	
	Country:	USA	Foreign Postal Code*:				
	Office Held:	DIRECTOR					
	Officer Name:	GAIL		BEST			
	Address:	1220 E 9TH N					
	City:	MOUNTAIN HOME	State:	ID	Zipcode:	83647-	
	Country:	USA	Foreign Postal Code*:				
	Office Held:	SECRETARY					
	Officer Name:	PATSY		ZASKE			
	Address:	545 N 9TH E					
	City:	MOUNTAIN HOME	State:	ID	Zipcode:	83647-	
	Country:	USA	Foreign Postal Code*:				
	Office Held:	PRESIDENT					
	Officer Name:	PAUL		BROWN			
	Address:	4051 NW CANAL DR					
	City:	MOUNTAIN HOME	State:	ID	Zipcode:	83647-	
	Country:	USA	Foreign Postal Code*:				
	Office Held:	DIRECTOR					
	Officer Name:	KAREN		BIRCHFIELD			
	Address:	945 W 5TH N APT D25					
	City:	MOUNTAIN HOME	State:	ID	Zipcode:	83647-	
	Country:	USA	Foreign Postal Code*:				

* Only enter Foreign Postal Code if country is other than "USA"

Signature	and	Title	of the Authorized Filing Party †
LISA SIMPSON		TREASURER	Submit Annual Report

[Need help with this section?](#)

† I hereby certify that I am authorized to submit this annual report wherein all information is correct as of today and acknowledge that my typed electronically provided signature is being accepted as an original signature.