No. C 158433	Reinstatement Annual Report Form ADMIN DISSOLVED 04/21/2015	2. Registered Agent and Office (NOT A P.O. BOX) MARK W YEARGIN
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 MA 912	1. Mailing Address: Correct in this box if needed. YEARGIN APPRAISAL INC MARK W YEARGIN 912 HARRIS RIDGE RD KOOSKIA ID 83539	912 HARRIS RIDGE RD KOOSKIA ID 83539
REINSTATEMENT FEE DUE: \$30.00		3. New Registered Agent Signature.
Office Held	or Names and Business Addresses of President, Secr Name Street or PO Address C NAME YEARS NOTE ROSE ROSE ROSE ROSE ROSE ROSE ROSE ROS	ity State Country Postal Code
5. Organized Under the Laws IDAHO C 158433	ws of: 6. Signature: Walle Withlasser	Date: 4/2A/2015
	Name (type or print):	

## **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.

The discretive the registered agent or office, strike the incorrect information and write in the correct information. Note: The office