



Idaho Corporation Reinstatement Form

File online at: sosbiz.idaho.gov

Return completed form to:

B0628-9726

Idaho Secretary of State Attn: Reinstatements 450 North 4th Street Boise, ID 83720

| | | | 450 NORN 4TN Street | Ĺ |
|--|--------------------------|--|--|------------|
| Reinstatement fee: \$30.00. | | | Boise, ID 83720 Phone: (208) 334-2300 | |
| SOS Control Numb | per: 86588 | Filing Status: Inactive-Disso | lved (Administrative) | 1 |
| Non-Profit Corporati | ion (D) | Date Formed: 06/08/1949 | Formation Locale: ID | 1 |
| Name and Mailing CALVARY TEMPLE 200 S 6TH AVE CALDWELL, ID 836 | i, INC. | (1 |) Add or Change Mailing Address: | |
| Registered Agent (NATHANIEL E HAM 200 S 6TH AVE CALDWELL, ID 836 | IPSTON | Office (RO) Address: (2 | c) Change RA and/or RO Address: | THE MOUNTY |
| | | | | 9 |
| (3) New Registered | Note: The Registe | | | 1 |
| | <u> </u> | If a new agent is appointed in item (| 2) above, the new agent must sign here to accept the appointment | ļ |
| (4) Corporations: Enter | names and business addre | esses (with zip code) of the President, Vice | e President, Secretary, Treasurer. | 7 |
| Title Nam | ie . | Business Address | City, State, Zip | Ī |
| Pustor/President na | thaniel Hampton | 4625 Huy 72 | New Plymouth, ID 83655 | ì |
| Sect Treasurer Pa | Meia Hampton | 4625 Huy 72 | New Plymout ID 83655 | _(|
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(5) Board of Directors names and business address (with zip code). Attach additional sheet if necessary.

| Name | Business Address | City, State, Zip |
|--------------|----------------------|--------------------|
| Tose Fuentes | 9504 Chenry Lane | Nampa, ID 83687 |
| Weldon Haney | 2801 S. Illinois Ave | Caldwell In 83605 |
| Hen martinez | 24869 Coventry Dr. | Caldwell, ID 83607 |
| Dennis Sams | 2803 McLaughlin Dr. | Calburell ID 83667 |
| Don Thompson | 13613 Signarello St. | Caldwell, ID 83607 |
| | | <u> </u> |
| | | |
| | | |
| | | |

| (5) Signature: Patturia Hampton | (6) Date: Sep (4, 97, 2019) |
|---------------------------------------|----------------------------------|
| (7) Type/Print Name: PATRICIA HAMPTON | (8) Title: Secretary) Ireasurer |

Instructions: Legibly complete the form above. Enclose a check made payable to the Idaho Secretary of State for \$30.00. Sign and date this form and return to the address provided above.