



Idaho Corporation Reinstatement Form

File online at: sosbiz.idaho.gov

Return completed form to:

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

| Reinstatement fee: \$30.00. | | | | | 450 North 4th Street Boise, ID 83720 Phone: (208) 334-2300 | |
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| Non-Profit Corporation (D) | | | Date Formed: 05/10/2013 | For | Formation Locale: ID | |
| KANIKSU LO PO BOX 2154 | ailing Address: DGE #97 AF&AM INCC 4 :R, ID 83856-2154 | RPORA | (1) Add or Change Mailing Address: TED | | nge Mailing Address: | 4:28 |
| TRIEGITATE | IN, 10 00000-2104 | | | | | PM |
| Registered A LLOYD MOLE 111 E MAIN S PRIEST RIVE | ST . | ered Offic | ce (RO) Address: | (2) Change RA and/or RO Address: | | |
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| | | | Office address must be a physi | cal Idano addre | ss (no postal box). | Ħ |
| (3) New Regis | stered Agent (RA) Sig | nature:_ | If a new agent is appointed in ite | em (2) above, the r | new agent must sign here to accept the appointm | |
| (4) Corporations: | Enter names and business | addresses | (with zip code) of the President, | Vice President, S | Secretary, Treasurer. | Ð |
| Title | Name | | Business Address | | City, State, Zip | |
| WM | STEVE BAR | | P.O. BOX 21 | 54 | PRIEST RIVER, 10 83 | 856rt |
| SW CHRIS MORPIS | | | | | <u> </u> | |
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| <u></u> | • • | | n zip code). Attach additional sho | eet if necessary. | | |
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| (5) Signature: / | Muchael C/ron | nS) | | (6) Date: <i>(ツ</i> | 75ZP21 | Denne |
| | me: MICHAEL | | PROVOST | (8) Title: 🥱 | ECRETARY | ın e |