



## **Idaho Corporation Reinstatement Form**

File online at: sos.idaho.gov

Sign and date this form and return to the address provided above.

## Return completed form to:

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

Reinstatement fee: \$30.00.				Boise, ID 83720 Phone: (208) 334-2300
SOS Contro	ol Number: 358674	Filing Status:	Inactive-Dissolve	d
General Business Corporation (D)		Date Formed:	10/07/1996	Formation Locale: ID
			(1) Ac	dd or Change Mailing Address:
Registered RONNIE W. 1262 S OLD NKOM, ID	HWY 91	ered Office (RO) Addre	<b>SS:</b> (2) CI	hange RA and/or RO Address:
	Note: The Registered Agent (RA) Signature (RA) Sign	If a new agent is	appointed in item (2) al	bove, the new agent must sign here to accept the appointment
Title	Name	Name Business Address		City, State, Zip
fres.	Ron W. Loss	er 13265	DLD HWA	1 INKOM TO 8325
Sec.	Kathy Komri	ell 1306 S	OLO HUD 9	1 INKOM, ID 83245
5) Board of Di	irectors names and business ac	ddress (with zip code). Attach	additional sheet if ne	cessary.
Name Bus		Business Address		City, State, Zip
_Konnied Losser _		1262 S.OH	D HW91	INKOM, ID 83245
KATHY Komriell		1326 A. O	(d Hw91	Inkom, ID 83245
GIPN W HOMELEH		1506 S'OH	1 HW 91	Lakom, TA SENS
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		al-	(A) =	
(5) Signature:	Alhip Kom	rela	(6) Da	ate: 7-25 - 17
				2.7
7) Type/Print N	Name: KATHY R	omrieLL	(8) Tit	tle: Leatetas. 1