No. C 47726	Reinstatement Annual Report Form ADMIN DISSOLVED 09/07/2010	2. Registered Agent and Office (NOT A P.O. BOX)
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. ELQUIST RANCHES, INC. 3477 N 2900 E TWIN FALLS ID 83301	Sander ElQuist Sander ElQuis 3477 N 2900 E TWIN FALLS ID 83301 Sander ELQuist
REINSTATEMENT FEE DUE: \$30.00		3. New Registered Agent Signature.
President :	Names and Business Addresses of President, Secre  Name Street or PO Address City  Sander ElQuist 3477.0 3402 Twints  Sandra E. ElQuot 3477.0 39002. Twints	State Country Postal Code    K TD, 8530
i. Organized Under the Law: IDAHO C 47726	Sander ElQuist Name (type or print):  Sander ElQuist	Date: 4-15-63  Desident  Title:

## 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

Block 2. To change the registered agent or office, strike the incorrect information and write in the correct information. Note: The office