| No. C 68792 | Reinstatement Annual Report Form ADMIN DISSOLVED 04/26/2016 | 2. Registered Agent and Office (NOT A P.O. BOX) TIM J HAVEMAN 8076 W PRAIRIE AVE POST FALLS ID 83854 |
|--|---|--|
| 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. HERITAGE BAPTIST CHURCH CORP. TIMOTHY J HAVEMAN 8076 W PRAIRIE AVE POST FALLS ID 83854 | |
| REINSTATEMENT FEE DUE: \$30.00 | | 3. <u>New</u> Registered Agent Signature. |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. Office Held Name Street or PO Address City State Country Postal Code President Tim Haveman 989EWarm Springs Post Falls, ID 83854 VICE PRES Russ Hooven 2444 N Coolwater Dr. Post Falls, ID 83854 DIRECTOR Chris Lowes 22291 N. Birdsong Lane Rathdrum, ID 83858 SECKTAM THOMAS MILLER 2419 E GUNYISIN PL COEVED ALENAID 83814 | | |
| 5. Organized Under the La IDAHO C 68792 Issued 05/03/2016 by onlin | Name (type or print): TIM HAVEMAN | Date: 5/9/16 Title: PRIZS I DISULT |

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM