No. C 162239	Reinstatement Annual Report Form ADMIN DISSOLVED 11/03/2011	Z-Register Care to Teorffice (NOT A P.O. BOX) THOMAS W FALASH 2404 KOOTENAI POISE ID 83705
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct In this box if needed.  FALASH INCORPORATED THOMAS W FALASH 2404 KOOTENAL DIY & South Twin BOISE-ID 83705 PAPI & WAY, BOWE  TO 83709	
reinstatement fee due: \$30.00	7D 83709	3. <u>New</u> Registered Agent Signature.
Office Held	Names and Business Addresses of President, Secre  Name Street or PO Address City  Thur W.F.A./A.S.H. 20148 Soc.	State Country Postal Code
5. Organized Under the Lar IDAHO	Signature:	Date: 06/09 620 4
C 162239  Issued 06/09/2014 by JAH	Name (type or print):  Inomas W. Falas I.	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 corrected address **must** be inside Block 1.

**Block 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho, **not a Post Office Box or Personal Mail Box.** 

**Block 3:** Only a <u>new</u> registered agent must sign in Block 3.

Block 4: Enter names and business addresses of president, secretary, and directors. Note: <u>DO NOT</u> put "same as last year" or "same as above". These will not be accepted. Changes here will not affect the address in Block 1. If more space is needed please add an attachment.