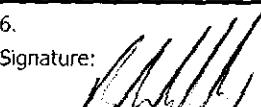


No. C 204083	Reinstatement Annual Report Form ADMIN DISSOLVED 02/23/2016		2. Registered Agent and Office (NOT A P.O. BOX) ROBERT SCOBY 3202 FROZEN DOG RD EMMETT ID 83617
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. OLD MAPLE COURT HOMEOWNER'S ASSOCIATION INC. 3202 FROZEN DOG RD EMMETT ID 83617	3. <u>New</u> Registered Agent Signature.	
REINSTATEMENT FEE DUE: \$30.00			
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	Robert Scobey	1104 Williams Rd.	EMMETT Id. Gem 83617
Vice President	Lona Scobey	" " "	" " "
Treasurer	Dan Holland	2075 Central Ave	EMMETT, Id. Gem 83617
5. Organized Under the Laws of: IDAHO C 204083	6. Signature:  Name (type or print): <u>Robert Scobey</u>		Date: <u>3/28/2016</u> Title: <u>President</u>
Issued 03/21/2016 by SLD			

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.