

**STATE OF IDAHO***Office of the secretary of state, Lawrence Denney***REINSTATEMENT ANNUAL REPORT**

Idaho Secretary of State

PO Box 83720

Boise, ID 83720-0080

(208) 334-2301

Filing Fee: \$30.00

For Office Use Only 0004496647

**-FILED-**

File #: 0004496647

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|   |                                    |   |
|---|------------------------------------|---|
| Reinstatement Annual Report Form  |                                    |   |
| Select one: Standard, Expedited or Same Day Service (see descriptions below)  | Standard (filing fee \$30)         |   |
| Current Entity Name   | LOHAVEN THREE SUBASSOCIATION, INC. |   |
| The file number of this entity on the records of the Idaho Secretary of State is:   | 0000278478                         |   |
| Organized under the laws of:  | IDAHO                              |   |
| Entity Type:  | Non-Profit Corporation (D)         |   |
| Non-Profit Corporation Name:<br>Non-Profit Corporation Name   |                                    |   |
| LOHAVEN THREE SUBASSOCIATION, INC.  |                                    |   |
| Nonprofit Corporation Purpose<br>The purpose for which the corporation is organized is:   |                                    |   |
| General Nonprofit   |                                    |   |
| The registered agent on record is:<br>Registered Agent  |                                    |   |
| PAUL MONTREUIL<br>Registered Agent<br>Physical Address<br>8882 N. GOVERNMENT WAY<br>HAYDEN LAKE, ID 83835<br>Mailing Address  |                                    |   |
| The name and street address of the new registered agent and office in Idaho is:<br>Registered Agent   |                                    |   |
| Registered Agent<br>Darrell Raver<br>Physical Address:<br>1260 W. RIVERSTONE DRIVE<br>COEUR D'ALENE, ID 83814<br>Mailing Address:<br>1260 W RIVERSTONE DR<br>COEUR D ALENE, ID 83814-4943 |                                    |   |
| <input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity.  |                                    |   |
| The mailing address of the corporation is:<br>PO BOX 30918<br>BILLINGS, MT 59116-0918   |                                    |   |
| Corporate Officers and Directors:   |                                    |   |
| Name  | Title                              | Address                                 |
| <input checked="" type="checkbox"/> Matt Pressley   | Secretary                          | PO BOX 30918<br>BILLINGS, MT 59116-0918 |
| <input checked="" type="checkbox"/> Darrell Raver   | Treasurer                          | PO BOX 30918<br>BILLINGS, MT 59116-0918 |
| The Application for Reinstatement must be signed by at least one governor.<br>Job Title: <i>Matt Pressley, Secretary</i>  |                                    |   |
| Sign Here <i>Matt Pressley</i>  |                                    | Date <i>11/12/21</i>                    |
| Print & Mail Enclosures   |                                    |   |





☒ I understand the document can ONLY be filed if the following items are included:

This filing form (submit within 30 days) **with the required signature(s)**.

Filing fee of \$30.00 (if expedited, \$70) payable to Secretary of State; if 24 hour processing, \$100.

If you are submitting a correction to this amendment, return the correction letter with your updated document.