C 158617

http://www.sos.idaho.gov/CorpPrintForm/display.aspx?enum=C158617

FILED EFFECTIVE

No. C 158617	Reinstatement Annual Report Form	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 **REINSTATEMENT FEE DUE: $30.00**	1. Mailing Address: Correct in this box if needed. BARBARA JACOBSON INVESTIGATIVE SERVICES, INC. ~~BARBARA A JACOBSON~~ ~~PO BOX 190834~~ ~~BOISE ID 83719~~ 202 N. 9th St, Ste 301 Boise, ID 83702	BARBARA JACOBSON ~~202 N 9TH ST STE 301~~ ~~BOISE ID 83702~~ 474 E. Addeson St Meridian, ID 83646 3. New 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	Barbara Jacobson	474 E. Addeson St Meridian ID 83646				

5. Organized Under the Laws of:	6. Signature: Barbara Jacobson	Date: 2-11-14
IDAHO C 158617	Name (type or print): Barbara Jacobson	Title: PRESIDENT

Issued 02/11/2014 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM