

REINSTATEMENT

No. C 146502	Annual Report Form ADMIN DISSOLVED 03/10/2006	2. Registered Agent and Office NOT A P.O. BOX DELORIS E CRAM 11968 ORCHARD AVE NAMPA, ID 83651												
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 FEE DUE \$30.00	1. Mailing Address - Correct in this box, if applicable CANYONCOUNTYWATCH.ORG INC. PO BOX 1183 CALDWELL, ID 83606	3. New registered agent signature												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of management. Limited and Limited Liability Partnerships: Enter names and addresses of at least two (2) partners. <table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">Office held</td> <td style="width: 15%;">Name</td> <td style="width: 40%;">Street or P.O. Address</td> <td style="width: 15%;">City</td> <td style="width: 15%;">State</td> <td style="width: 10%;">Zip</td> </tr> <tr> <td><i>President/Editor</i></td> <td><i>Deloris Cram</i></td> <td><i>11968 Orchard Ave</i></td> <td><i>Nampa</i></td> <td><i>ID</i></td> <td><i>83651</i></td> </tr> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	<i>President/Editor</i>	<i>Deloris Cram</i>	<i>11968 Orchard Ave</i>	<i>Nampa</i>	<i>ID</i>	<i>83651</i>
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5. Organized under the laws of: IDAHO C 146502		6. Signature <i>Deloris Cram</i> Date <i>May 2 08</i> Name (Typed or Printed) <i>Deloris Cram</i> Title <i>Pres./Editor</i>												

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