

No. C 143210		Reinstatement Annual Report Form ADMIN DISSOLVED 06/12/2013		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		1. Mailing Address: Correct in this box if needed. SNAKE RIVER TERRITORY CONVENTION AND VISITORS BUREAU, INC. ROBB CHILES Michelle M. Holt PO BOX 50498 IDAHO FALLS ID 83405-0498 USA		ROBB CHILES Michelle M. Holt 630 W BROADWAY 425 N Capital IDAHO FALLS ID 83402	
REINSTATEMENT FEE DUE: \$30.00				3. New Registered Agent Signature. <i>Michelle M Holt</i>	
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres.					
Office Held	Name	Street or PO Address	City	State	Country
Chairman	Jim Hammon	2785 Eagle Dr. Ammon ID USA			83406
		#G108			
Chairman Elect	Brad Hudson	2050 Sabin Dr Ammon ID USA			83406
CEO/Secretary	Michelle Holt	425 N. Capital, Idaho Falls, ID USA			83402
Treasurer	Eric Hess	480 Memorial Dr Idaho Falls, ID USA			
		Ste. 104			83402
5. Organized Under the Laws of:		6.			
IDAHO C 143210		Signature:	<i>Michelle M. Holt</i>		Date:
		Name (type or print):	<u>Michelle M. Holt</u>		<u>7-1-13</u>
		Title:			<u>CEO</u>

Issued 06/26/2013 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 mailing address is incorrect, please strike it out and write in the correct address. **Note:** To ensure future mailings, the