

No. C 70913		Reinstatement Annual Report Form ADMIN DISSOLVED 12/09/2011		2. Registered Agent and Office (NOT A P.O. BOX) TAMMY BARNES 3040 N STAGECOACH DRIVE POST FALLS ID 83854			
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. KOOTENAI COUNTY DEPUTY SHERIFF'S ASSOCIATION, INC. TAMMY BARNES P O BOX 2262 HAYDEN ID 83835		3. New Registered Agent Signature.			
REINSTATEMENT FEE DUE: \$30.00							
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
President	David Dunkin						
Vice President	Dave Vaughn	P.O. Box 2262					
Sec/Tres	Tammy Barnes	Hayden	ID				83835
5. Organized Under the Laws of:		6.					
IDAHO C 70913		Signature:	Tammy Barnes			Date:	01/10/12
		Name (type or print):	Tammy Barnes			Title:	Sec/Tres
Issued 01/10/2012 by CLH							

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct 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.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; **not** a Post Office Box or Personal Mail Box.

Block 3: Only a **new** registered agent must sign in Block 3.

Block 4: Enter names and business addresses of president, secretary, and directors. **Note:** **Do not** put "same as last year" or "same as above". **These will not be accepted.**

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the corporation. Print or type the name of the signer below the signature.