



No. C 111080	Reinstatement Annual Report Form ADMIN DISSOLVED 09/09/2004		2. Registered Agent and Office (NOT A P.O. BOX) ESTELLE VOGHER SAMULE AARONS PO BOX 493 PO BOX 3671 HWY 21 3823 IDAHO CITY ID 83631																																			
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. PINE TOP ESTATES OWNERS' ASSOCIATION, INC. ESTELLE VOGHER SAMULE AARONS PO BOX 993 P.O. Box 286 IDAHO CITY ID 83631		3. New Registered Agent Signature: 																																			
REINSTATEMENT FEE DUE: \$30.00	4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres.																																					
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Office Held</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>SAMULE AARONS</td> <td>P.O. Box 286</td> <td>Id City</td> <td>Id</td> <td>BOISE</td> <td>83631</td> </tr> <tr> <td>VICE PRESIDENT</td> <td>BARBARA GORDERLING</td> <td>P.O. Box 374</td> <td>Id City</td> <td>Id</td> <td>BOISE</td> <td>83631</td> </tr> <tr> <td>SECRETARY</td> <td>MARY AARONS</td> <td>P.O. Box 254</td> <td>Id City</td> <td>Id</td> <td>BOISE</td> <td>83631</td> </tr> <tr> <td>TREASURER</td> <td>DAN OLIVERA</td> <td>P.O. Box 992</td> <td>Id City</td> <td>Id</td> <td>BOISE</td> <td>83631</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	PRESIDENT	SAMULE AARONS	P.O. Box 286	Id City	Id	BOISE	83631	VICE PRESIDENT	BARBARA GORDERLING	P.O. Box 374	Id City	Id	BOISE	83631	SECRETARY	MARY AARONS	P.O. Box 254	Id City	Id	BOISE	83631	TREASURER	DAN OLIVERA	P.O. Box 992	Id City	Id	BOISE	83631
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5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO C 111080 </div>	6. Signature:  <hr/> Name (type or print): SAMULE B AARONS <hr/> <div style="display: flex; justify-content: space-between;"> <div> Date: 9/3/2014 </div> <div> Title: PRESIDENT </div> </div>																																					

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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 correct mailing 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.