



Idaho Corporation Reinstatement Form

File online at: sos.idaho.gov

Return completed form to:

Idaho Secretary of State Attn: Reinstatements 450 North 4th Street Boise, ID 83720

				450 North 4th Street	/
	Reinstatement	fee: \$30.00.		Boise, ID 83720	
				Phone: (208) 334-2300	7
SOS Contro	l Number: 141225	Filing Status: Ina	ctive-Dissolved		N 2
		Date Formed: 11/2		Formation Locale: ID	
Name and M	lailing Address:		(1) Add or	Change Mailing Address:	
FRANK SUM	_		(1)1122 5.		, N
365 EAGLE S	•				
REXBURG, I	D 83440-2608				~
					PM
Registered A	Agent (RA) and Registered	d Office (RO) Address:	(0) 01	- 24 - 44 - 22 4 4 4 - 4	72 0
F. KELLY SU			(2) Change RA and/or RO Address:		
365 EAGLE SMT					6 0
REXBURG, ID 83440					iVed
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	Note: The Regis	tered Office address must b	e a physical Idaho a	ddress (no postal box).	Åq
(3) New Regi	istered Agent (RA) Signat	ure:			Н
		If a new agent is app	ointed in item (2) at ove,	the new agent must sign here to accept the appointm	nent 🛡
	Corporations: Enter names and business addresses (with zip code) of the President, Vice President, Secretary, Treasurer.				
Title	Name	Business Addr	ess	City, State, Zip	U. O.
Presiden	+ F. Kelly Summer	/	Summit	Rexbus, ID 8344	
V.P.	Arigit Robinson		20 N-	Blackfort, ID 83221	ct M
Sec.	Julie H. Summ	ers 365 Eagle	Summit	Kexburg, ID 83440	
(5) Board of Dia	natara names and husiness adde	han (with air anda). Attach ada	litional about if account		<u> </u>
	rectors names and business addre		intional sheet if necess		O
Name Bo		Business Address		City, State, Zip	
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(5) Signature:	F. Kelly Am	MI LAI BADI	(6) Date:	2/23/2020	Ü
	- 12 -	- CAT (Z/C)			Ø
(5) Signature: Flelly Summers (6) Date: 2/23/2020 (7) Type/Print Name: F. Kelly Summers (8) Title: Ples-					
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