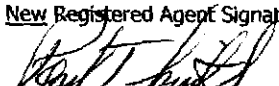



No. C 210256	Reinstatement Annual Report Form ADMIN DISSOLVED 09/27/2017		2. Registered Agent and Office (NOT A P.O. BOX)														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. ROGERSON COMMUNITY CENTER, INC. ANITA YOUNG HC 83 BOX 136 XXXXX ROGERSON ID 83301 Paul T. Smith 3700 N 2555E Twin Falls, Idaho 83301		ANITA YOUNG HC 83 BOX 136 ROGERSON ID 83301 XXXXX Paul T. Smith HC 83 BOX 136 Twin Falls, Idaho 83303 3. New Registered Agent Signature. 														
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Director</td> <td>Paul T Smith</td> <td>P O Box 1882</td> <td>Twin Falls</td> <td>USA</td> <td></td> <td>83303</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Director	Paul T Smith	P O Box 1882	Twin Falls	USA		83303
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
Director	Paul T Smith	P O Box 1882	Twin Falls	USA		83303											
5. Organized Under the Laws of: IDAHO C 210256	6. Signature:  Name (type or print): Paul T Smith Date: <u>5-23-2018</u> Title: <u>Director</u>																