



## **Idaho Corporation Reinstatement Form**

File online at: sosblz.ldaho.gov Reinstatement fee: \$30.00.

Return completed form to: Idaho Secretary of State Attn: Reinstatements 450 North 4th Street Boise, ID 83720 Phone: (208) 334-2300 For Office Use Only

## -FILED-

File #: 0005943485

Date Filed: 10/11/2024 4:07:00 PM

SOS Control Number: 438832		Filing Status: Inactive-	Filing Status: Inactive-Dissolved (Administrative)		
Non-Profit Corporation (D)		Date Formed: 05/28/20	02 For	Formation Locale: ID	
Name and Mailing Address: CASCADE COMMUNITY CHURCH INC. PO BOX 218 CASCADE, ID 83611-0218		C.	(1) Add or Change Mailing Address:		
Registered A Paula M Willia 109 W PINE CASCADE, ID		ed Office (RO) Address:	ce (RO) Address: (2) Change RA and/or RO Address: Alison M Haupt 109 W Pine Street Cascade, (D 8361)		
	stered Agent (RA) Signa	If a new agent is appointed in	) MAC (2) above, the n	ew agent must sign here to accept the appointment.	
Title Name		Business Address	Business Address City, State, Zip		
Scriptan	Lynn Heath	109 WPINe Str	<del></del>	Cascerti, D 8364	
Irrashret Trudi Habronik		V. ( 7	frut	Chicade, 10 8361	
(5) Board of Dire	ctors names and business addr	ess (with zip code). Attach additional	sheet if necessary.		
Name Bus		Business Address		City, State, Zip	
(5) Signature:	alman Hada	ugt ot	(6) Date: (0)	18/24	

Instructions: Legibly complete the form above. Enclose a check made payable to the Idaho Secretary of State for \$30.00. Sign and date this form and return to the address provided above.