







STATE OF IDAHO

Office of the secretary of state, Lawerence Denney REINSTATEMENT ANNUAL REPORT

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301

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| ign Here | | Date | |
|---|--------------------------------|---|--|
| he Application for Reinstatement must be signary | gned by at least one governor. | 05/20/2020 | |
| Muriel Burke-Love | | E. SCHNEIDMILLER AVE, STE 140 T FALLS, ID 83854 | |
| Name | Title | Address | |
| orporate Officers and Directors: | | | |
| he mailing address of the corporation is: 1810 E SCHNEIDMILLER AVE STE 140 POST FALLS, ID 83854-7989 | | | |
| | | 1810 E SCHNEIDMILLER AVE STE 140 MURIEL BURKE-LOVE POST FALLS, ID 83854-7989 | |
| | | Mailing Address | |
| | | STE 140 MURIEL BURKE-LOVE POST FALLS, ID 83854 | |
| | | 1810 E. SCHNEIDMILLER AVE | |
| | | Registered Agent Physical Address | |
| The registered agent on record is: Registered Agent | | MURIEL M BURKE-LOVE | |
| The business is organized to practice the profession of: | | Law | |
| rofession | | | |
| Professional Service Corporation Name: Professional Service Corporation Name | | MURIEL M. BURKE, P.C. | |
| Entity Type: | | Professional Service Corporation (D) | |
| Organized under the laws of: | | IDAHO | |
| The file number of this entity on the records of the Idaho Secretary of State is: | | • | |
| Current Entity Name | | MURIEL M. BURKE, P.C. | |
| Reinstatement Annual Report Form Select one: Standard, Expedited or Same Day Service (see descriptions below) | | Standard (filing fee \$30) | |

President

Job Title: