




No. C 194233	Reinstatement Annual Report Form ADMIN DISSOLVED 06/28/2017		2. Registered Agent and Office (NOT A P.O. BOX) PHYLLIS NASH 111 BEVER GRADE LAPWAI ID 83540														
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. NIMIIPUU HEALTH FOUNDATION INCORPORATED EVA HIGHEAGLE-HAYES PO BOX 367 LAPWAI ID 83540		3. <u>New</u> 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>President</td><td>Eva Higheagle - Hayes</td><td>PO Box 367</td><td>Lapwai</td><td>ID</td><td>USA</td><td>83540</td></tr></tbody></table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Eva Higheagle - Hayes	PO Box 367	Lapwai	ID	USA
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
President	Eva Higheagle - Hayes	PO Box 367	Lapwai	ID	USA	83540											
5. Organized Under the Laws of: IDAHO C 194233	6. <table border="1"><tr><td>Signature: </td><td>Date: <u>11/3/17</u></td></tr><tr><td>Name (type or print): <u>Eva Higheagle - Hayes</u></td><td>Title: <u>President</u></td></tr></table>				Signature: 	Date: <u>11/3/17</u>	Name (type or print): <u>Eva Higheagle - Hayes</u>	Title: <u>President</u>									
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