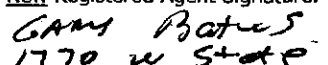



No. C 156568	Reinstatement Annual Report Form ADMIN DISSOLVED 12/07/2010		2. Registered Agent and Office (NOT A P.O. BOX) KIMBERLY OLSON Gary Bates 2355 N FIVE MILE RD #289 BOISE ID 83713 2175 W Forest Hill C Eagle ID 83613
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. ESTRELLA NO. 2 AND NO. 3 CONDO ASSOCIATION INC. KIMBERLY OLSON PO BOX 1324 EAGLE ID 83616		3. New Registered Agent Signature.  1770 W State St #342 Boise, ID 83702
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.			
Office Held	Name	Street or PO Address	City State Country Postal Code
President	GARY Bates	1770 W state	Boise ID US 83702
Treas	HAROLD Busmann	P.O. Box 190	Star ID US 83668
Director	Gloria KUELMAN	6906 W Butte Ct.	Boise ID US 83704
5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO C 156568 </div>		6. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div> Signature:  Name (type or print): <u>GARY BATES</u> </div> <div> Date: <u>3/8/11</u> Title: <u>Pres</u> </div> </div>	
Issued 03/08/2011 by LJM			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address.
Note: To ensure future mailings, the corrected address **must** be inside Block 1.