

10/20/2017

No. C 160159		Reinstatement Annual Report Form ADMIN DISSOLVED 07/26/2017		2. Registered Agent and Office (NOT A P.O. BOX) CLARENCE CELLAN 1261 WILSON #82 <i>386 Cutshalts</i> POCATELLO ID 83201															
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. C.R. WESTERN ROOFING, INC. CLARENCE B CELLAN 1261 WILSON #82 <i>386 Cutshalts</i> POCATELLO ID 83201		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>Pres</td><td><i>Clarence Barry Cellan</i></td><td><i>386 Cutshalts</i></td><td><i>PocaTELLO</i></td><td><i>ID</i></td><td><i>83202</i></td><td></td></tr></tbody></table>						Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Pres	<i>Clarence Barry Cellan</i>	<i>386 Cutshalts</i>	<i>PocaTELLO</i>	<i>ID</i>	<i>83202</i>	
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5. Organized Under the Laws of: IDAHO C 160159		6. Signature: <i>Clarence B Cellan</i> Date: <i>10-20-17</i> Name (type or print): <i>Clarence B Cellan</i> Title: <i>President</i>																	

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM