		sosbiz.idaho.gov I form to: f State ents eet	instatement Form Reinstatement fee: \$30.00.		<i>For Office L</i> -FILE File #: 0005504391 Date Filed: 12/1/202	ED- 4 12
SOS Control Number: 494345 Filing Status: Inactive-Dissolved (Administrative)						2023
Non-Profit Corporation (D)			Date Formed: 10/11/2005 Formation Locale: ID			
Name and Mailing Address:(1) Add or Change Mailing Address:CHRISTIAN LIFE CENTER, INC.PO BOX 1600NAMPA, ID 83653-1600						:16 PM Re
STEVE SUM 112 HOLLY NAMPA, ID 8	NER 33651	-	e (RO) Address: (2 fice address must be a physical If a new agent is appointed in item (2		o postal box).	Се ived by Off f <u>i</u> tept the appointmen
(4) Corporations	Enternames and I	business addresses (v	vith zip code) of the President, Vice	President, Secret	ary, Treasurer.	Ø
Tițle 、	Name		Business Address	Ci	ty, State, Zip	
President	Deve	SUMMer	BUY/ba	/	Venja 20	83653
					/	
						<u> </u>
(5) Board of Directors names and business address (with zip code). Attach additional sheet if necessary.						<u>н</u>
			Business Address City, State, Zip			4 2 5
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(5) Signature:	Stil	an) Date:	1/2023	4 20
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(7) Type/Print Na	anne. Ster		(8)			•

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.