


No. C 171061	Reinstatement Annual Report Form ADMIN DISSOLVED 04/09/2012		2. Registered Agent and Office (NOT A P.O. BOX) JOHN CORCORAN 221 SHERMAN AVE COEUR D ALENE ID 83814
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. ELDER HELP OF NORTH IDAHO, INC. JOHN CORCORAN 521 EMMA AVE PO BOX 3843 COEUR D ALENE ID 8 3816-3843		3. <u>New</u> Registered Agent Signature.
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres.			
Office Held	Name	Street or PO Address	City State Country Postal Code
PRESIDENT	JOHN CORCORAN	221 SHERMAN	COEUR D ALENE ID 83814
EX-DIRECTOR	JEAN BOGGS	221 SHERMAN	COEUR D ALENE ID 83814
DIRECTOR	SALLY RICHARDS	5436 SHORELINE	COEUR D ALENE ID 83814
DIRECTOR	VINCE CARLOS	221 SHERMAN	COEUR D ALENE ID 83814
DIRECTOR	KATHY MEDWELL	221 SHERMAN	COEUR D ALENE ID 83814
5. Organized Under the Laws of:			
IDAHO C 171061		6. Signature:  Name (type or print): <u>JOHN T. CORCORAN</u> Date: <u>10-15-12</u> Title: _____	

Issued 09/05/2012 by SLD

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM