## **FILED EFFECTIVE**

No. C 170247  Return to:  SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	Reinstatement Annual Report Form ADMIN DISSOLVED 03/04/2010  1. Mailing Address: Correct in this box if needed.  VAL VISTA SUBDIVISION, INC.  SCOTT H NICHOLS  2730 W VAL VISTA CT  MERIDIAN ID 83642		P.O. BOX) SCOTT H 2730 W V MERIDIAI	2. Registered Agent and Office (NOT A P.O. BOX) SCOTT H NICHOLS 2730 W VAL VISTA CT MERIDIAN ID 83642  3. New Registered Agent Signature.			
REINSTATEMENT FEE DUE: \$30.00			 				
4. Corporations: Enter Nam Office Held Nam		s of President, Secretary, Directo Street or PO Address	rs and(optional) Ti City		Country	Postal Code	
Presidents Cu	This Elton				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	83645	
Director Kendery	Scott Nichol	2730 W. UKIN	sty Morida	n Id	USA	93642	
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5. Organized Under the Lav		?				0	
IDAHO	Signature:	e de la constante de la consta	>		Date: (	April 12	
C 170247	Name (type or p	orint): Scott Nie	لدواح		Title: \( \)	Diebn	
Issued 04/01/2010 by CLH		<i>'</i>					

## 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.

**Block 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; **not a Post Office Box or Personal Mail Box.** 

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Enter names and business addresses of president, secretary, and directors. Note: <u>Do not</u> put "same as last year" or "same as above". These will not be accepted.

Block 5: May not be altered through the use of this form.

**Block 6:** The annual report must be signed by a person authorized to represent the corporation. Print or type the name of the signer below the signature.