No. C 83822	Reinstatement Annual Report Form ADMIN DISSOLVED 08/06/2009	2. Registered Agent and Office (NOT A P.O. BOX) MIKE CARPER 710 RIVER AVE
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		
	1. Mailing Address: Correct in this box if needed.	COEUR D'ALENE ID 83814
	FORT SHERMAN APTS., INC.	
	PO BOX 79 COEUR D'ALENE ID 83816	3. New Registered Agent Signature.
reinstatement fee due: \$30.00		
4. Corporations: Enter Nam	nes and Business Addresses of President, Secretary, Directors	The state of the s
Office Held Nan	and a supplication of the first and the same of the sa	City State Country Postal Code
PRESIDENT 1	LICHAEL D. CARTER POBRT9	COTURS MENE 838/6
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5. Organized Under the Lav	vs of: 6.	
IDAHO	Signature Siellen Cour	Pry Date: 9/8/09
C 83822	Name (type or print):	ALDRED Title: PLA
	Name (type or print): MCHAEL J.	CARPER 1000 1111
Issued 08/24/2009 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.

**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 <u>new</u> 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.