	Idaho Corpora	tion Re	instatement Fo	orm	For Office the Only	B0758-6;
File online at: sosbiz.idaho.gov					For Office Use Only Return completed form to: Idal -FILED- tate After: Painetatements File #: 0005109754 450 Norm 4th Street Date Filed: 2/6/2023 3:47:00 PM	121 02/
Reinstatement fee: \$30.00.					Phone: (208) 334-2300	Ö
SOS Contro	l Number: 527278	F	Filing Status: Inactive-	Dissolved (Ad	ministrative)	20
Non-Profit Corporation (D)		C	Date Formed: 07/18/20	07 I	ormation Locale: ID	22
				(1) Add or (	hange Mailing Address:	3:47 PM
LEN A WAT 1019 E. AMI NAMPA, ID	TY AVE. 83686	egistered O	ffice address must be a ph	ysical Idaho ad	RA and/or RO Address: Iress (no postal box).	Received by Off
	(4) Corporations: Enter names and business addresses (with zip code) of the President, Vice Pres					0 1 1
Title	Name		Business Address		City, State, Zip	
Victur	JEAN WAT	son Itson	1019E.AM 1019E.M	ity	NAMPA, Ida S34-SK 10-trip, Ida S3686	ual to
(5) Board of Di	rectors names and business a	ddress (with	zip code). Attach additional	sheet if necessa	n.	0
Name		·	ess Address		City, State, Zip	Idano
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						ary o
(5) Signature:	Mu a.	Wa	tson	(6) Date:	1 6-2023	н 10
(7) Type/Print Name: Len Watson (8) Title: Pres					Pres	1e1
						Ö

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.