


No. C 127213	Reinstatement Annual Report Form ADMIN DISSOLVED 04/06/2010		2. Registered Agent and Office (NOT A P.O. BOX) NORVAN A SKRIVSETH HC1 BOX 262 520 Fox Glove NAPLES ID 83847 Bonners Ferry ID 83805	
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. KOOTENAI RIVER BUILDERS INC. NORVAN A SKRIVSETH 520 FOX GLOVE BONNERS FERRY ID 83805		3. <u>New</u> Registered Agent Signature.	

4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
President	Norvan Skrivseth	520 Fox Glove	Bonners Ferry	ID		83805
Secretary	Sharon Skrivseth	520 Fox Glove	Bonners Ferry	ID		83805

5. Organized Under the Laws of: <div style="text-align: center; padding: 10px;"> IDAHO C 127213 </div>	6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> Signature:  </div> <div style="width: 35%;"> Date: <u>9/22/11</u> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> Name (type or print): <u>Norvan Skrivseth</u> </div> <div style="width: 35%;"> Title: <u>9/22/11</u> </div> </div>
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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.