

|   |  |  |   |       |         |             |
|---|--|--|---|-------|---------|-------------|
| No. C 127213  | Reinstatement Annual Report Form<br>ADMIN DISSOLVED 04/06/2010   |  | 2. Registered Agent and Office (NOT A P.O. BOX)<br>NORVAN A SKRIVSETH<br>HC1 BOX 262 520 Fox Glove<br>NAPLES ID 83847<br>Bonners Ferry ID 83805 |       |         |             |
| Return to:<br><br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080                        | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>KOOTENAI RIVER BUILDERS INC.<br>NORVAN A SKRIVSETH<br>520 FOX GLOVE<br>BONNERS FERRY ID 83805 |  | 3. New Registered Agent Signature.  |       |         |             |
| <b>REINSTATEMENT</b><br><b>Fee Due: \$30.00</b>   |  |  |   |       |         |             |
| <b>4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.</b> |  |  |   |       |         |             |
| 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:   |  | 6.   |   |       |         |             |
| IDAHO<br>C 127213   |  | Signature: <u>Norvan Skrivseth</u> Date: <u>9/22/11</u><br>Name (type or print): <u>Norvan Skrivseth</u> Title: <u>9/22/11</u> |   |       |         |             |

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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.