



# Idaho Corporation Reinstatement Form

File online at: [sos.idaho.gov](http://sos.idaho.gov)

Return completed form to:

Idaho Secretary of State  
Attn: Reinstatements  
450 North 4th Street  
Boise, ID 83720  
Phone: (208) 334-2300

Reinstatement fee: \$30.00.

SOS Control Number: 524086

Filing Status: Inactive-Dissolved

Non-Profit Corporation (D)

Date Formed: 05/10/2007

Formation Locale: ID

**Name and Mailing Address:**

(1) Add or Change Mailing Address:

SHADOW WOOD ESTATES SECOND ADDITION HOMEOWNERS' ASSOCIATION, INC.  
SHADOW WOOD HOA P.O. BOX 1033  
COEUR D ALENE, ID 83816

**Registered Agent (RA) and Registered Office (RO) Address:**

(2) Change RA and/or RO Address:

~~CYNDI HALLGREN  
975 E SHADOW WOOD  
COEUR D'ALENE, ID 83815~~

*ECCEN LANIKER  
1029 E. SHADOW WOOD LN  
COEUR D'ALENE, ID 83815*

Note: The Registered Office address must be a physical Idaho address (no postal box).

**(3) New Registered Agent (RA) Signature:**

*[Signature]*  
If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.

**(4) Corporations:** Enter names and business addresses (with zip code) of the President, Vice President, Secretary, Treasurer.

Title	Name	Business Address	City, State, Zip

**(5) Board of Directors names and business address (with zip code).** Attach additional sheet if necessary.

Name	Business Address	City, State, Zip
JENA DOLAN	PO BOX 1033	COEUR D ALENE, ID 83815
STEIN BETTY	"	"
ECCEN LANIKER	"	"

(5) Signature:

*[Signature]*

(6) Date:

9-15-19

(7) Type/Print Name:

*ECCEN LANIKER*

(8) Title:

*DIRECTOR*

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.

B0317-8637 09/18/2019 9:38 AM Received by ID Secretary of State Lawrence Denney