



Idaho Corporation Reinstatement Form

File online at: sosbiz.idaho.gov Reinstatement fee: \$30.00.

Return completed form to:

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

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SOS Control Number: 262181			Filing Status: Inactive-Dissolved (Administrative)				02,
Non-Profit Corporation (D)			ormed: 06/11/198	7 Fori	mation Locale: ID		4
Name and Mailing Address: JOE NOWACKI UNIT, POST NO. 16, THE AM INCORPORATED			AN LEGION,	(1) Add or Chan	ge Mailing Address:		2:16
PO BOX 472 MACKAY, ID	83251-0472						PM R
Registered A	gent (RA) and Register	ed Office (RO	(2) Change IX and/or IXO Add				0 0 0
413 CAPITOL AVE MACKAY, ID 83251				Mike E 412 Ecm Mackay.	IP 83521 Hane Nane		ived b
(3) New Regis	Note: The Reg stered Agent (RA) Signa	nture:	dress must be a phys	ical Idaho addres	s (no postal box).	102/20c	y of
(4) Cornorations:	Enter names and business ad				w agent must sign here to	accept the appointn	near. D
Title	Name	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ 	Business Address		City, State, Zip		
COMMADER	RON DILEU		P.D. Box 266		MACKAY, ID	83251	
15T VICE	CHARLES FULLER		P.O. Box 102		MACKAY, ID	83257	त उ
TUATULOR			Box 244		1'	83251	ō
(5) Board of Dire	ctors names and business add	rose (with zip cod	a) Attach additional al	and if page and			H
Name	ctors frames and business add	,	·	eet ii fiecessary.	0:4- 0:4- 7:-		dah h
		 	ness Address		City, State, Zip		- 5
RON DXLEY RO.		10.	Box 102		MACKAY. IS	83251	70
CHARLES FULLER P.O.			102		makay . Io	83257	<u>72</u>
			<u> </u>		MAKAY To	83251 	
MIKE EVANS P.O.		P.O. Box	372		MAKAY, ID	. 83251	<u> </u>
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(5) Signature:	M 87-6	0)	(6) Date: <	04/02/5	2004	α Ω
(7) Type/Print Na	me: 11:40 S			(8) Title:	. '20		4

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.