



## **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

Enr	Office	Hen	Only
-or	Office	use	Univ

## -FILED-

File #: 0005445587

Date Filed: 10/16/2023 1:17:00 PM

SOS Control Number: 285370 Non-Profit Corporation (D)		Filing Status: Inactiv	Filing Status: Inactive-Dissolved (Administrative)		
		Date Formed: 04/04/	′1990 F	Formation Locale: ID	-
Name and Mai		ORATED (THE)	(1) Add or Change Mailing Address: ATED (THE)		17 E
RATHDRUM, II	D 83858-0829				PM Rec
Registered Ag PAUL MALINA 15127 STEVEN RATHDRUM, I	NS STREET	d Office (RO) Address:	(2) Change	(2) Change RA and/or RO Address:	
KATI DROW, I		tered Office address must be a	physical Idaho ado	dress (no postal box).	ьу Of
(0) M D!	_			, , , , , , , , , , , , , , , , , , , ,	H
(3) New Regis	tered Agent (RA) Signat	ure:	ed in item (2) above, th	ne new agent must sign here to accept the appointm	— <del> -</del> - nent. <b>Ω</b>
(4) Corporations:	Enter names and business add	resses (with zip code) of the Pres			D
Title Name		Business Addres	is	City, State, Zip	0 —
CHAIRMAN	PAUL MALINAUSK	LAS 15727 STEVE	INS ST.	RATHORYM ID. 83858	
SECRETARY	DAVID WRIGHT		LENS ST.	RATHORUM ID. 83858	4
TREASURER	CHARLES SIMPSOI	V 15127 STEI	IENS ST.	RATNORUM, ID. 83858	<u>D</u>
(5) Board of Direct	tors names and business addre	ss (with zip code). Attach addition	onal sheet if necessa	ry.	౼
Name		Business Address		City, State, Zip	<del>2</del> 5
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(5) Signature:	Del Malacar	h	(6) Date:	10/12/23	Ω Φ
(7) Type/Print Nan	né: PAUL MAL	INAUSKAS	(8) Title:	10/12/23 CNATEMAN DEACON ROARS	<u> </u>