



(5) Signature:

(7) Type/Print Name: <

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

For	Office	Use	Only
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Date Filed: 4/8/2024 11:17:00 AM

	Phone: (208) 334-2300			8/2
SOS Control Number: 574655		Filing Status: Inactive-Dis	solved (Administrative)	9 24
Non-Profit Corporation (D)		Date Formed: 03/03/2011	Formation Locale: ID	
Name and GRACE B PO BOX 2	d Mailing Address: IBLE CHURCH OF CAS	CADE, INC.	(1) Add or Change Mailing Address:	1:17 AM R
STEVE LC 507 S. MA CASCADE	DDER NN ST. E, ID 83611	stered Office (RO) Address: Registered Office address must be a physic lignature:	dr	eceived by Off
		If a new agent is appointed in items ss addresses (with zip code) of the President, V	(2) above, the new agent must sign here to accept fice President, Secretary, Treasurer.	the appointment.
	Name	Business Address	City, State, Zip	0 Hi
				6
(5) Board of	Directors names and business	address (with zip code). Attach additional shee	at if necessary.	Ď H
Name		Business Address	City, State, Zip	<u> </u>
Steph	renk.Loder	507 S. Main St.	Cascade, Id.	836//0
Willia	m Gough	507 5. Main St.	Cascade, Id.	836//w
Brian Grey		507 5. Main St.	Cascadé, Id	836/
				
				<u>p</u>
				
	T-17			0
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(6) Date:

(8) Title: