Lawerence Denney





Idaho Corporation Reinstatement Form

File online at: sos.idaho.gov

Return completed form to:

Idaho Secretary of State Attn: Reinstatements 450 North 4th Street Boise, ID 83720

Reinstatement fee: \$30.00.				450 North 4th Street Boise, ID 83720		
				Phone: (208) 334-2300		
SOS Control I	Number: 347072	Filing Status: In	active-Dissolved			
General Business Corporation (D)		Date Formed: 1	1/24/1995 F	ormation Locale: ID		
	•	NC.	(1) Add or C	hange Mailing Address:		
Registered Ag KEVIN J OWIN 3351 E 3275 N KIMBERLY, ID	l	ed Office (RO) Addres	S: (2) Change I	RA and/or RO Address:		
	Note: The Registered Agent (RA) Signates Enter names and business ac	If a new agent is a	opointed in item (2) above, th	ie new agent must sign here to accept the	appointment.	
Title	Name	Business Add	iress	City, State, Zip		
President	KevIN I Ou	ings 602 St	cond Art S.	TWIN Falls ID	8330/	
Secretary	Sherry D. Ou	ungs 1000 S	econd Arts.	Tein Falls ID	8-330/	
(5) Board of Direct	ctors names and business add	ress (with zip code). Attach a	dditional sheet if necessar	у.		
Name		Business Address		City, State, Zip		
		<u> </u>				
(5) Signature:	Levi Ovin	2	(6) Date: (6)	6-4-19		

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.