FILED EFFECTIVE

REINSTATEMENT

No. C 65930	**Annual Report Form** ADMIN DISSOLVED 05/05/2006	2. Registered Agent and Office **NOT A P.O. BOX**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable SELKIRK SHADOWS, INC. ~~MERLE E OLSEN~~ K.M. OLSEN ~~ROUTE 4, BOX 606~~ P.O. Box 713 BONNERS FERRY, ID 83805	KATHERINE M OLSEN COUNTY ROAD #2, MORAVIA BONNERS FERRY, ID 83805
FEE DUE $30.00		3. New registered agent signature

Corporations: Enter Names and Business Addresses of **President, Secretary and Directors**
Limited Liability Companies: Enter Names and Addresses of ☐ **Managers** or ☐ **Members** (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
PRES.	MERLE E. OLSEN	RT 4, BOX 606,	BONNERS FERRY	ID	83805
SEC.	KATHERINE M. OLSEN,	BOX 713,	BONNERS FERRY	ID	83805
DIR.	-0-				

2006 JUL 17 PM 12:50
SECRETARY OF STATE
STATE OF IDAHO

Organized under the laws of:
IDAHO

6. Signature Katherine M. Olsen Date 7-10-06
(Typed or Printed Name) KATHERINE M. OLSEN Title SEC.