

SOS Control Number: 632266

General Business Corporation (D)



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

-FILED-

B0959-5414 12/27/2024

File #: 0006038031

Formation Locale: ID

Date Filed: 12/27/2024 12:05:00 PM

| Name and Mailing Address: | | (1) Add or Change Mailing Address: | |
|---|--|---|----------------------------------|
| CORNWELL INVESTMENTS, INC | | (1) Add or Change Mailing Address: Po, Box 6213 Sun Valley, Id. Lo 8336 | |
| GARY CORNWELL | | - 131 m - 1 2 8330 | v A L |
| PO BOX 6213 | | SULVAILEY, LALLO OLL | ب ر 1 |
| SUN VALLEY, ID 83354-6213 | | · | - |
| Registered Agent (RA) and Registered Agent (RA) and Registered Agent (RA) and Register GARY CORNWELL 2472 INDIAN SPRINGS CONDOS ELKHORN, ID 83354 | tered Office (RO) Address: | (2) Change RA and/or RO Address: | 20 00 00 14 00 00 |
| ELNHOKN, ID 65354 | | | • |
| Note: The | Registered Office address must be a physi | ical Idaho address (no postal box). | ρχ |
| | <u> </u> | Springs, SUNVAILLY, Td. 833 |) ۱ کے د |
| (3) New Registered Agent (RA) Si | | em (2) above, the new agent must sign here to accept the appointr | ment. F |
| (4) Corporations: Enter names and business | s addresses (with zip code) of the President, | Vice President, Secretary, Treasurer. | (0 |
| Title Name | Business Address | City, State, Zip | —] |
| President Gany Corn | Well: P.O.BOX6213 | 3 EIKHORY, Id. 833 | 354 |
| | P.03 | BOX6213 CIKHORN, Id 8330 | 54 |
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| | | |] |
| (5) Board of Directors names and business | address (with zip code). Attach additional she | neet if necessary. | Ļ |
| Name | Business Address | City, State, Zip | |
| Gan Cornwell | PD BOX 10213 | Elkhorn Id. 83 | 354 |
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| (5) Signature: X | | (6) Date: 12/17/24 | ō |
| (5) Signature: | | (O) Date: 12/17 | |
| (7) Type/Print Name: GARY COA | NWELL | (8) Title: OWNER | <u> </u> |
| | | | n |
| Instructions: Legibly complete the form a | bove. Enclose a check made payable to the | ne Idaho Secretary of State for \$30.00. | |

Filing Status: Inactive-Dissolved (Administrative)

Date Formed: 08/04/2017