Reinstatement Annual Report Form	2. Registered Agent and Office (NOT A P.O. BOX)
1. Mailing Address: Correct in this box if needed.  LEAP CHARITIES, INC.  BARTON C COCHRAN  PO BOX 671  BOISE ID 83701-0671 USA	BARTON COCHRAN 1310 N 13TH ST BOISE ID 83702
	3. <u>New</u> Registered Agent Signature.
Name Street or PO Address Cit	y State Country Postal Code
Signature: State ( )  Name (type or print):  Barton Cachran	Date: 6/9/15 Title: President
	ADMIN DISSOLVED 04/21/2015  1. Mailing Address: Correct in this box if needed.  LEAP CHARITIES, INC. BARTON C COCHRAN PO BOX 671 BOISE ID 83701-0671 USA  Thame Street or PO Address Cit Barton Cochran Po Box 671 Chad Hansen Po Box 671 Tracy Cochran Po Box 671 Boiss Tracy Cochran Po Box 671 Boiss  We of: 6. Signature: Cochran Po Box 671 Boiss  Name (type or print):

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Place 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the