



## **Idaho Corporation Reinstatement Form**

File online at: sosbiz.idaho.gov

## Return completed form to:

Idaho Secretary of State Attn: Reinstatements 450 North 4th Street

	Reinstateme		Boise, ID 83720			
				<u> </u>	Phone: (208) 334-2300	· · · · · · · · · · · · · · · · · · ·
SOS Control	Number: 631442	Filing St	atus: Inactive-Di	ssolved (Adm	ninistrative)	2
Non-Profit Corporation (D)		Date Fo	rmed: 05/18/2017	7 Fo	ormation Locale: ID	-
Name and Ma	niling Address:			(1) Add or Ch	ange Mailing Address:	F
JEROME POS OF AMERICA	ST #46 (WAR MEMORI	AL HALL) OF TH	IE IDAHO DEPT.			
POB 6 / C	•	Ē				ĭ
JEROME, ID	•	~				Ę
Registered Ad	gent (RA) and Registe	red Office (RO)	Address:			<u> </u>
RONALD POS			Addi 000.	(2) Change R	A and/or RO Address:	a 9
131 N DATE S	ST .					<b>π</b> ⊢
JEROME, ID	83338					- - -
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	Note: The Re	gistered Office add	ress must be a phys	ical Idano addr	ess (no postal box).	
(3) New Regis	stered Agent (RA) Sig	nature:		(2) -1 (6-	new agent must sign here to accept the ap	<del>Landania E</del>
	<b></b>					pointment.
Title	Corporations: Enter names and business addresses (with zip code) of the President, Vice President, itle    Name   Business Address				<u> </u>	
L	Name		5 7 THU	<u> </u>	City, State, Zip  3 EROME, I	
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157 UICE	DALE RO	\$5 /0	57 TH AUG	E	JEROME ID &	F3336 F
FIN. OFF	RENALD 1	POSTON 10	5 7# AL	IE E	JEROME, LD 8	3335 4
(5) Board of Direct	ctors names and business a	ldress (with zip code)	). Attach additional sh	eet if necessary		
Name		Business Add	dress		City, State, Zip	
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	<i>A</i>					a
(5) Signature:	Kanalit & 1	realor/	) 	(6) Date:	3-2-21	
(7) Type/Print Nar	me: RONALD	Pos	TON	(8) Title: F	INANCIAL OFFICE	المرابع