



## **Idaho Corporation Reinstatement Form**

File online at: sosbiz.idaho.gov

## Return completed form to Idaho Secretary of State

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

Reinstatement fee: \$30.00.					Phone: (208) 334-2300	
SOS Control	Number: 278294		Filing Status: Inactive-Di	iling Status: Inactive-Dissolved (Administrative)		
Non-Profit Corporation (D)		Date Formed: 06/05/1989	9 For	mation Locale: ID	021	
Name and Mailing Address:  TWIN RIVERS BACK COUNTRY HORSEMEN, INC.  STE C  654 THAIN RD						9:23
	D 83501-6501					A
Registered A PAUL BOGAR 1049 RIPON A LEWISTON, I	AVE D 83501	istered Off	fice (RO) Address:	(2) Change RA	and/or RO Address:	Received !
	Note: Th	e Registered	Office address must be a phys	ical Idaho addres	es (no postal box).	<b>6</b>
(3) New Regis	stered Agent (RA)	Signature:			· <u>-</u>	<u>U</u>
					ew agent must sign here to accept th	e appointment.
	Corporations: Enter names and business addresses (with zip code) of the President, Vice President, Secretary, Treasurer.					
Title	Name		Business Address		City, State, Zip	<u> </u>
PRECIDENT	LOB HOUG		P.O. Box 12		ANATONE, WA.	99401
V. HRES		SON		VE ,	EWISTON, TA	83001
TREAS.		AKER	29363 Carding	al LANG	LAPWAI, Id	83540
BECRETARY		LSON	1012 ALDER /4	E	LEWISTON D	<u> 839 1</u>
	ctors names and busine	ss address (wi	ith zip code). Attach additional st	neet if necessary.		<u>`</u>
Name		Busi	iness Address		City, State, Zip	70
						<del>(†</del>
	···=·					<u> </u>
	<u> </u>		. <u> </u>			<b></b> @
			· · · - ·			
	<del></del>					£.
			<u></u>			<u>_</u>
	<i>/</i>	$\overline{}$				<u>\$</u>
<i>/</i>	<u>/</u>	<del></del>				<u>U</u>
(5) Signature:	san ba	ulsa	M )	(6) Date:	0-14-2021	<u> </u>
(7) Type/Print Nar		<u> </u>	IN SON		FRETARI	Denn