

No. <b>C 160744</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 08/14/2017</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> <del>DAMON LEONARD ORR</del> <i>Delis Louise Orr</i> 48 S 500 W BLACKFOOT ID 83221														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. Mailing Address: Correct in this box if needed. ELITE ELECTRICAL CONTRACTORS, INC. <del>DAMON ORR</del> <i>Delis Orr</i> <del>PO BOX 906</del> <i>48 S. 500 W</i> BLACKFOOT ID 83221		3. New Registered Agent Signature. <i>Delis L Orr</i>														
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td><i>Secretary</i></td> <td><i>Delis Orr</i></td> <td><i>48 S 500 W</i></td> <td><i>Blackfoot ID</i></td> <td><i>USA</i></td> <td><i>83221</i></td> <td></td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	<i>Secretary</i>	<i>Delis Orr</i>	<i>48 S 500 W</i>	<i>Blackfoot ID</i>	<i>USA</i>	<i>83221</i>	
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5. Organized Under the Laws of:  <b>IDAHO</b> <b>C 160744</b>		6. Signature: <i>Delis L Orr</i> Date: <i>1/2/18</i> Name (type or print): <i>Delis L. Orr</i> Title: <i>owner/Secretary</i>															

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### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM