No. C 194512 Return to:	Reinstatement Annual Report Form ADMIN DISSOLVED 07/10/2013	2. Registered Agent and Office (NOT A P.O. BOX) BRAD MILES 316 E WALLACE AVE COEUR D ALENE ID 83814
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed.  NORTH IDAHO ASSOCIATION OF HEALTH UNDERWRITERS, INC. PO BOX 1337 COEUR D ALENE ID 83816	
REINSTATEMENT FEE DUE: \$30.00		3. <u>New</u> Registered Agent Signature.
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres.  Office Held  Name Street or PO Address City State Country Postal Code  President  Brad Miles  3 b E Wallace We CLA Jd 83814  V. President Muk Woodwarth 150 NW Bloby #201 CLA Jd 83814  Settreas  Carolyn Schultz PI BOX 1416 Haylen, Jd 83835		
5. Organized Under the Law IDAHO C 194512	Name (type or print)  Apply Stult	Date: 8/1/3 Title: Sectives
Issued 07/24/2013 by SLD		

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1: Entity name may not be altered through the use of this form.** Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

MANAGE CARAGO SCHOOL SECURE CONTRACTOR CONTRACTOR