



Idaho Corporation Reinstatement Form

File online at: sosbiz.idaho.gov Reinstatement fee: \$30.00.

Return completed form to: Idaho Secretary of State Attn: ReInstatements 450 North 4th Street Boise, ID 83720

Phone: (208) 334-2300

Sign and date this form and return to the address provided above.

For Office Use Only

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File #: 0005699237

Date Filed: 4/19/2024 10:33:00 AM

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SOS Control Number: 4118775			Filing Status: Inactive-Dissolved (Administrative)			—
General Business Corporation (D)			Date Formed: 01/05/2021 Formation Locale: ID			2
Name and Mailing Address: Melody Sandahl Insurance Agency Inc MELODY SANDAHL 1401 ALDER AVE LEWISTON, ID 83501-5871			(1) Add or Change Mailing Address:			
			3845 Lakeview Dr Lewiston, 10 83501			AM
			Lewiston, 10 83501			
Registered A Melody Sanda	gent (RA) and Register	ed Office	e (RO) Address:	(2) Change RA ar	nd/or RO Address:	e i
1442 IDAHO ST LEWISTON, ID 83501						ived
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	_		fice address must be a phys	cal Idaho address	(no postal box).	Off
(3) New Regi	stered Agent (RA) Sign	ature:	If a new agent is appointed in its	em (2) above, the nev	v agent must sign here to accept the appointme	nt.
(4) Corporations: Enter names and business addresses (with zip code) of the President, Vice President, Secretary, Treasurer.						u U
Title Name			Business Address City, State, Zip			0
Pres	Melody Sandahl		1442 Idahost		Lewistm, LD 8350	,
						-5
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(5) Board of Dir	ectors names and business add	lress (with	zip code). Attach additional sh	eet if necessary.		Ä
Name Bu		Busin	siness Address		City, State, Zip	dah
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(5) Signature:	Milada	an	dahl	(6) Date:	4-18-24	O H
(7) Type/Print I	Name: Melody	Sa	ndahl	(8) Title:	4-18-24 Juner-Pres.	0. ct
Instructions:	Legibly complete the form abo	ve. Enclo	se a check made payable to	the idaho Secretar	y of State for \$30.00.	<u></u>