


No. C 161751	Reinstatement Annual Report Form ADMIN DISSOLVED 10/15/2014		2. Registered Agent and Office (NOT A P.O. BOX) J EVAN ROBERTSON 134 3RD AVE E TWIN FALLS ID 83303																					
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. BRECKENRIDGE ESTATES SUBDIVISION NO. 3 HOMEOWNERS ASSOCIATION, INC. TERRY L RENKE GRANT E. STARLEY 694 Canyon Park Ave TWIN FALLS ID 83303 USA		3. <u>New</u> Registered Agent Signature.																					
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>President</td> <td>GRANT E. STARLEY</td> <td>694 Canyon Park Ave</td> <td>TWIN FALLS</td> <td>ID</td> <td></td> <td>83301</td> </tr> <tr> <td>Secretary</td> <td>William Sweet</td> <td>Canyon Park Ave</td> <td>Twin Falls</td> <td>ID</td> <td></td> <td>83301</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	GRANT E. STARLEY	694 Canyon Park Ave	TWIN FALLS	ID		83301	Secretary	William Sweet	Canyon Park Ave	Twin Falls	ID		83301
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5. Organized Under the Laws of: IDAHO C 161751		6. Signature:  Name (type or print): GRANT E. STARLEY Date: 5/18/2015 Title: PRES.																						

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM