



## **Idaho Corporation Reinstatement Form**

File online at: sosbiz.idaho.gov

## For Office Use Only Return completed form ton Ida -FILED-:tate

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				450 Noi	07293 tements th 4th Street	84
Reinstatement fee: \$30.00.  Phone: (208) 334-2300						
SOS Control	Number: 445165	Filing Status Inactiv	o Dissalvad (A.		(200) 00 1 2000	<del>\</del>
	ess Corporation (D)	<u>₹</u> , :	Filing Status: Inactive-Dissolved (Administrative)  Date Formed: 11/14/2002 Formation Locale: ID			2
				Change Mailing Address:		<u>ω</u>
Name and Mailing Address: GOLAY ENTERTAINMENT, INC.						10:
3555 E 4090 N	•					2
KIMBERLY, ID	0 03341-0100		•			_
	The second secon			**************************************		AM
•	• • •	red Office (RO) Address:	e (RO) Address: (2) Change RA and/or RO Address:			Re
<b>BYRD GOLAY</b> <b>3555 E 4000 N</b>						ω O
KIMBERLY, IC	83341					ive
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	Note: The Re	gistered Office address must be a	physical Idaho ad	dress (no nostal box).		টু
(2) Nove Domin		_	priyorom rauno au			٠ ۲
(3) New Regis	tered Agent (RA) Sigi		ed in item (2) above,	he new agent must sign he	re to accept the appointn	ne <b>ri</b> a
(4) Corporations:	Enter names and business	addresses (with zip code) of the Pres	ident, Vice Preside	nt, Secretary, Treasurer.		<u> </u>
Title	Name	Business Address	<b>s</b>	City, State, Zi	p	n D
President	Byrd Golay	3555 E 40	00 N	Kimberly 2	daho 83341	<del></del>
						<u>d</u>
	ctors names and business ad	dress (with zip code). Attach addition	nal sheet if necessa			H
Name Busi		Business Address	er amende a	City, State, Zi	<u> </u>	<u>o</u>
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(5) Signature: 1	2. 171.		(6) Data:	3.31.23		О Н
	<del></del>	:				o o
(7) Type/Print Nan	ne: Byrd Golky		(8) Title:	President		<del>-9</del>
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