


No. C 37844		Reinstatement Annual Report Form ADMIN DISSOLVED 01/05/2010		2. Registered Agent and Office (NOT A P.O. BOX) STANLEY E SNOW 227 5TH AVE E TWIN FALLS ID 83301	
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. GOLDEN EAGLE BOOSTERS, INC. ROSS DEARL Cecil Scherbinske BOX 778 880 Capri Drive TWIN FALLS ID 83303-0778 83301		3. New Registered Agent Signature.	
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
President	Brian T. Hansen	941 Tanglewood Ct.	Twin Falls,	ID	83301
Vice President	David R. Long	1031 Hankins Rd. N.	Twin Falls,	ID	83301
Secretary	Joan M. Frank	1831 Julie Lane	Twin Falls,	ID	83301
Treasurer	Cecil Scherbinske	880 Capri Dr.	Twin Falls,	ID	83301
5. Organized Under the Laws of: IDAHO C 37844		6. Signature:  Date: 11/15/10 Name (type or print): Brian T. Hansen Title: President			
Issued 11/12/2010 by DK1					

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct 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.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; not a Post Office Box or Personal Mail Box.

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Enter names and business addresses of president, secretary, and directors. **Note:** Do not put "same as last year" or "same as above". These will not be accepted.

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the corporation. Print or type the name of the signer below the signature.

*Faxed
11/15/10
sw*