

FILED EFFECTIVE

No. C 114016	Reinstatement Annual Report Form ADMIN DISSOLVED 06/12/2013		2. Registered Agent and Office (NOT A P.O. BOX)														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. REGION X CHAPTER OF THE VOLUNTARY PROTECTION PROGRAM PARTICIPANTS TERRY SCHUEBERT 3869 E. 200 N. RIGBY ID 83442	CHRIS ADOLFSON 2525 N FREMONT AVE. IDAHO FALLS ID 83415-3870 Terry Schuebert 3869 E. 200 N. Rigby, ID 83442															
REINSTATEMENT FEE DUE: \$30.00	3. New 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 colspan="7" style="text-align: center;">See attached sheet</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	See attached sheet						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
See attached sheet																	
5. Organized Under the Laws of:	6. Signature:  Date: 6-24-2013 Name (type or print): Terry Schuebert Title: Treasurer																
Issued 06/24/2013 by JL1																	

**Committee Roster
VPP Participants' Association**

**Region X Chapter Board
As of 6/01/13**

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