No. C 112194 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 12/07/2010	2. Registered Agent and Office (NOT A P.O. BOX)
	1. Mailing Address: Correct in this box if needed. CLEARWATER HUMANE SOCIETY, LTD. PO BOX 2063 OROFINO ID 83544	SHERRIE CHAMBERS 4415 HALL RD 627 HANPL LENORE ID 83541 3. New Registered Agent Signate CTIVE
4. Corporations: Enter Nam Office Held Na BORAL MEMBER/SECT TOTAL MEMBER/SECT TOTAL MEMBER/SECT BORAL MEMBER/	nes and Business Addresses of President, Secretary, Direct me Street or PO Address Patricia Evanus 804 KAI 1388 Pet Angl Chapt Hengent 1092 Webs Beach KAThy Bell 1502 Dent Budy Rd Shereie Chambers 629 Han Rd	City State Country Postal Code OALOFING IDIALA USA 83544 Pel OROFING Idaho USA 83544 OROFING Idaho USA 83544
5. Organized Under the Laws of IDAHO		Date: 2-9-11

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Title:

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.

Name (type or print):

- **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 <u>new</u> registered agent must sign in Block 3.

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- Block 4: Enter names and business addresses of president, secretary, and directors. Note: <u>Do not put "same as last year" or "same as above".</u>
 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.