



## **Idaho Corporation Reinstatement Form**

File online at: sos.idaho.gov

## Return completed form to:

B0322-5236

Idaho Secretary of State Attn: Reinstatements 450 North 4th Street Boise, ID 83720

Reinstatement fee: \$30.00.				Boise, ID 83720 Phone: (208) 334-2300	
SOS Contro	ol Number: 450371	Filing Status: Inactiv	re-Dissolved		1
General Business Corporation (D)		Date Formed: 03/03/2003 Fo		nation Locale: ID	
Name and I	Mailing Address:		(1) Add or Chan	ge Mailing Address:	······································
	ETAILING INC				Ġ
PO BOX 13	<del></del>				(
SANDPUIN	T, ID 83864				
Registered	Agent (RA) and Registere	nd Office (RO) Address:	(2) Change RA a	and/or RO Address:	;
	CAMPBELL		., •		
1239 MICHI	GAN 51 T, ID 83864				
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,	Note: The Regi	stered Office address must be a	physical idaho address	s (no postal box).	1
(3) New Reg	gistered Agent (RA) Signa	ture:		•	1
			<del> </del>	w agent must sign here to accept the appointm	ent.
		dresses (with zip code) of the Pres		. <del>, </del>	
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	rectors names and business addr	ess (with zip code). Attach additio	nal sheet if necessary.	· · · · · · · · · · · · · · · · · · ·	
Name	to Cont	Business Address	107	City, State, Zip	ا <del>۱ ۲۰ ۲۰ ح</del>
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(5) Signature:	Change Con	Dell	(6) Date: 9_	-5-19	
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(7) Type/Print N	Chru Con lame: Charence	Campbell		RES.	

Instructions: Legibly complete the form above. Enclose a check made payable to the idaho Secretary of State for \$30.00. Sign and date this form and return to the address provided above.