



Idaho Corporation Reinstatement Form

File online at: sos.idaho.gov

Return completed form to Idaho Secretary of State Idaho Secretary of State Attn: Reinstatements

Reinstatement fee: \$30.00.						Attn: Reinstatements 450 North 4th Street Boise, ID 83720			09/3
	Remstateme		Phone: (208) 334-2300			30/			
SOS Control	Number: 521483	F	iling Statu	s: Inactive-Dis	ssolved	· · · · · · · · · · · · · · · · · · ·			22
Non-Profit Corporation (D)			Date Formed: 03/19/2007 Formati			rmation Lo	cale: ID		119
	niling Address: N HOMEOWNERS AS	SOCIATIO	DN, INC.		(1) Add or Ch	ange Mailing A	Address:		11:27
Registered Agent (RA) and Registered Office (RO) Address: KATHLEEN V OWCA 163 CRYSTAL RUN VICTOR, ID 83455 (2) Change RA and/or RO Address: Y. SMANNON BYOOKS 186 Crystal Pun Victor ID 83455							AM Rece		
VICTOR, ID 8		oninternal Offi							ived b
	stered Agent (RA) Sig	nature:	(a nev) age	s must be a physi	em (2) above, the	new agent mus	st sign here to a	ecept the appoint	by III
Title	Enter names and business Name	addresses (w		s Address	Vice President,	City, St			<u>72</u>
Prosident	 	ooks	Busines	<u>`</u>	186 Crysta			93465	_유_
	CO CO CONTRACTOR		650	Que to the					(t
Secretary	4	<u>oridge</u>	168	crystal	Run	Vict		83455	ar
(5) Board of Direct	Josh Adams	Idress (with z	in code) A	crystal	Run eet if necessary	<u> </u>	ov. 1D	83455	<u> </u>
(5) Board of Directors names and business address (with zip code). Attach additional Name Business Address					——————————————————————————————————————	City, St	ate 7in	W-4	<u>0</u>
	1,01	Busine	33 Addie			Oity, Gt	ate, Zip		Ø
								_	ii p
									ct
		_			· · · · · · · · · · · · · · · · · · ·				0
							-		<u> </u>
							·		awe
							.,.		<u>n</u>
			-						Ë
(5) Signature:	15H2-	_ _			(6) Date:	1413,2	019		Ce D
(5) Signature: (6) Date: STA 13, 2019 (7) Type/Print Name: Favorys (8) Title: HoA transact								eni	