



Idaho Corporation Reinstatement Form

File online at: sosbiz.idaho.gov

Return completed form to:

Idaho Secretary of State

Reinstatement fee: \$30.00.			Attn: Reinstatements 450 North 4th Street Boise, ID 83720 Phone: (208) 334-2300
Non-Profit Corporation (D)		Date Formed: 08/29/2016	Formation Locale: ID
COMMUNIT PO BOX 386	Mailing Address: Y CHURCH OF CHALLIS, 6 0 83226-0386		or Change Mailing Address:
SHARON M. 400 S 3RD S CHALLIS, ID	ST APT A-7) 83226 Note: The Regis	stered Office address must be a physical Idaho	ange RA and/or RO Address: 3 dd 5. Adam 5 25 East Bite Ave. valus, ID 83226 address (no postal box).
(3) New Reg	gistered Agent (RA) Signa		ve, the new agent must sign here to accept the appointment
(4) Corporation	s: Enter names and business add	Iresses (with zip code) of the President, Vice Pres	
Title	Name	Business Address	City, State, Zip
Preside Streets (5) Board of Di	of Told JS. Ada	ess (with zip code). Attach additional sheet if necessity	Challis, TD 83226
Name		Business Address	City, State, Zip
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(5) Signature:	Toold 8.	(6) Date	11/30/2020
(7) Type/Print N	lame: Todd S.	Adams (8) Title	c^{\prime}