



STATE OF IDAHO
Office of the secretary of state, Phil McGrane
REINSTATEMENT ANNUAL REPORT

Idaho Secretary of State
PO Box 83720
Boise, ID 83720-0080
(208) 334-2301
Filing Fee: \$30.00

For Office Use Only 05981101

-FILED-

File #: 0005981101

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Reinstatement Annual Report Form											
Select one: Standard, Expedited or Same Day Service (see descriptions below)											
Standard (filing fee \$30)											
Current Entity Name											
Lava Falls Homeowner's Association, Inc.											
The file number of this entity on the records of the Idaho Secretary of State is:											
0004071999											
Organized under the laws of:											
IDAHO											
Entity Type:											
Non-Profit Corporation (D)											
Non-Profit Corporation Name:											
Lava Falls Homeowner's Association, Inc.											
Nonprofit Corporation Purpose											
The purpose for which the corporation is organized is:											
Homeowners Association											
The registered agent on record is:											
Registered Agent											
KEVIN E DINIUS											
Registered Agent											
Physical Address											
5680 E FRANKLIN RD STE 130											
NAMPA, ID 83687											
Mailing Address											
Agent or Address Change?											
<input checked="" type="checkbox"/> Appoint new agent (address change not available).											
The name and street address of the new registered agent and office in Idaho is:											
Registered Agent											
RIVERSIDE MANAGEMENT COMPANY											
Registered Agent											
Physical Address											
8919 W ARDENE ST											
BOISE, ID 83709											
Mailing Address											
<input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity.											
The mailing address of the entity is:											
8919 W ARDENE ST											
BOISE, ID 83709-2686											
The physical address of the entity is:											
8919 W ARDENE ST											
BOISE, ID 83709-2686											
Corporate Officers and Directors:											
<table border="1"><thead><tr><th>Name</th><th>Title</th><th>Address</th></tr></thead><tbody><tr><td><input checked="" type="checkbox"/> van Leeuwen E. Anthony</td><td>Director</td><td>8919 W. ARDENE STREET BOISE, ID 83709</td></tr><tr><td><input checked="" type="checkbox"/> Siebe E. Marty</td><td>Director</td><td>8919 W. ARDENE STREET BOISE, ID 83709</td></tr></tbody></table>			Name	Title	Address	<input checked="" type="checkbox"/> van Leeuwen E. Anthony	Director	8919 W. ARDENE STREET BOISE, ID 83709	<input checked="" type="checkbox"/> Siebe E. Marty	Director	8919 W. ARDENE STREET BOISE, ID 83709
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<input checked="" type="checkbox"/> Sbrega E. Danielle	Director	8919 W. ARDENE STREET BOISE, ID 83709
The Application for Reinstatement must be signed by a governor.		
Title: <u>Secretary</u> <u>Anthony W. van Heeren</u>		<u>11-14-2024</u>
Sign Here		Date
Print & Mail Enclosures		
<input checked="" type="checkbox"/> I understand the document can ONLY be filed if the following items are included:		
This filing form (submit within 30 days) with the required signature(s).		
Filing fee of \$30.00 (if expedited, \$70) payable to Secretary of State; if 24 hour processing, \$100.		
If you are submitting a correction to this amendment, return the correction letter with your updated document.		

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