



## **Idaho Corporation Reinstatement Form**

File online at: sosbiz.idaho.gov Reinstatement fee: \$30.00.

Return completed form to:

Idaho Secretary of State Attn: Reinstatements 450 North 4th Street Boise, ID 83720 Phone: (208) 334-2300 For Office Use Only

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SOS Control Number: 3812233		Filing Status: Inactive-	Filing Status: Inactive-Dissolved (Administrativė)		
Non-Profit Corporation (D)		Date Formed: 03/12/20	)20 Forr	Formation Locale: ID	
Name and Mailing Address: Snake River Fraternal Order of Police, Inc		Inc	(1) Add or Change Mailing Address:		
PO BOX 1053	·				AM
	, 15 30221 1000				₽ 0
_		red Office (RO) Address:	(2) Change RA a	and/or RO Address:	<u>q</u> eived
GREGORY A			Gregory Austin		
501 N MAPLE	_		662 W 15 S		
BLACKFOOT			Blackfoot,	ID 83221	Λq
	Note: The Reg	gistered Office address must be a ph	ıysical Idaho addres:	s (no postal box).	O <sub>H</sub>
(3) New Regi	stered Agent (RA) Sign	ature:			Hn H-
(0) 11011 1109.			n item (2) above, the ne	w agent must sign here to accept the ap	
(4) Corporations	: Enter names and business a	ddresses (with zip code) of the Preside	ent, Vice President, Se	cretary, Treasurer.	(D
Title	Name	Business Address	• • • • • • • • • • • • • • • • • • • •	City, State, Zip	0 Ha
President	Kenneth Williams	501 N Maple St #410		Blackfoot, ID 83221	
Secretary	Dale Jade Evans	501 N Maple St #4	.10	Blackfoot, ID 83221	# <b>Z</b>
	_				<u> </u>
(5) Board of Dire	ectors names and business add	lress (with zip code). Attach additional	sheet if necessary.	<u> </u>	<del> Н</del>
Name Bus		Business Address		City, State, Zip	а С О
Gregory Austin 662		662 W 15 S		Blackfoot, ID 83221	Ō
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(5) Signature:	grant_		(6) Date: 12/1	3/2023	Ω
(7) Type/Print Na	me: Greogry Austin		(8) Title: Director		g t