No. C 170208	Reinstatement Annual Report Form ADMIN DISSOLVED 03/07/2016	2. Registered Agent and Office (NOT A P.O. BOX) MARLENE MARTN
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. SHOSHONE COUNTY HOUSING, INC. 703 CEDAR STREET WALLACE ID 83873	703 CEDAR ST WALLACE ID 83873
reinstatement fee due: \$30.00		3. <u>New</u> Registered Agent Signature.
Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres.     Office Held Name Street or PO Address City State Country Postal Code		
President Marlene Martin P.O. Box 668 Pinehurst ID Shoshone 83850 Director Karen Hulstrom 517 Bunker Ave. Kellogg ID Shoshone 83837 Director Maureen Gilbert 120 Main Street Wardner ID Shoshone 83837		
5. Organized Under the La	ws of: 6. signature:	Date: 1/20/17
C 170208 Issued 01/20/2017 by onlin	Name (type or print):  Mouriere Mourtin	Title: President

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**