



## **Idaho Corporation Reinstatement Form**

File online at: sos.idaho.gov

## Return completed form to:

Idaho Secretary of State Attn: Reinstatements

|  |   |   |                       | 450 North 4th Street                                  |  |
|--|---|---|-----------------------|---|--|
| Reinstatement fee: \$30.00.                    |   |   |                       | Boise, ID 83720<br>Phone: (208) 334-2300              |  |
| SOS Control                                    | Number: 332590                                    | Filing Status: Inactive-  | Dissolved             |   |  |
| Professional Service Corporation (D)           |   | Date Formed: 10/03/19   | 94 Fo                 | ormation Locale: ID                                   |  |
|  | ailing Address:<br>AYLOR, D.D.S., P.A.<br>D 83263 |   | (1) Add or Ch         | nange Mailing Address:                                |  |
|  | CALDWELL LLC<br>ROWS LP                           | red Office (RO) Address:  | (2) Change R          | A and/or RO Address:                                  |  |
|  | stered Agent (RA) Sign                            | ature:  If a new eyent is appointed in  ddresses (with zip code) of the Preside | n item (2) above, the | e new agent must sign here to accept the appointment. |  |
| Title  | Name  | lame Business Address   |                       | City, State, Zip                                      |  |
| President                                      | Brett D. Naylor                                   | 487 E. 400 S.   |                       | Preston, ID 83263                                     |  |
|  |   |   |                       |   |  |
|  |   |   |                       |   |  |
|  | <u> </u>  |   |                       |   |  |
|  | ectors names and business add                     | ress (with zip code). Attach additional   | sheet if necessary    |   |  |
| Name   |   | Business Address  |                       | City, State, Zip                                      |  |
|  |   |   |                       |   |  |
|  |   |   |                       | <del>-  </del>  |  |
|  |   |   |                       |   |  |
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|  |   |   | <del></del>           | <u> </u>  |  |
|  |   |   | •                     |   |  |
| (5) Signature:                                 | Brea Q  | la 1  | (6) Date: 2           | - 24- 20 20   |  |
| (7) Type/Print Name: Brett D. Naylor (8) Title |   |   | (8) Title: P          | resident  |  |

Instructions: Legibly complete the form above. Enclose a check made payable to the Idaho Secretary of State for \$30,00. Sign and date this form and return to the address provided above.