No. C 90821 Return to:	Reinstatement Annual Report Form ADMIN DISSOLVED 02/14/2014	2. Registered Agent and Office (NOT A P.O. BOX) CHARLIE OLSON 40192 SOUTHWICK RD KENDRICK ID 83537  3. New Registered Agent Signature.						
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. INLAND NORTHWEST REGIONAL CONFERENCE OF THE IFCA INTERNATIONAL, INC. BILL WILLIAMS CALEB H. BETT PO BOX 355 5580 Hwy 95							
REINSTATEMENT FEE DUE: \$30.00	ELECTRIC CITY WA 99123 USA Pollock, ID 83547							
Office Held President Vice President Succession	Names and Business Addresses of President, Secret  Name Street or PO Address City  Roger Hayden Po Box 186 Cambridg  Ed Studtman PO Box 422 Long Crac  Caleb Hilburt 5580 US 75 Pallock  Charlie Olson 40192 Southwith Rd	State Country Postal Code  TO US \$3610  R OR US 97856  TO US \$3547						
5. Organized Under the La	ws of: 6. Signature:	Date:						
IDAHO C 90821	Name (type or print):  Charlee W. Olson	28 Feb. 2014 Title:						
Issued 02/28/2014 by online								
INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM  Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. Note: To ensure future mailings, the corrected address must be inside Block 1.								
<b>Block 2:</b> To change the reg	istered agent or office, strike the incorrect information and w nt must be at a street address in Idaho, <b>not a Post Office B</b>	rite in the correct information. Note: The lox or Personal Mail Box.						
Block 3: Only a <u>new</u> regist	ered agent must sign in Block 3.							
Block 4: Enter names and b "same as above". These needed please add an attac	usiness addresses of president, secretary, and directors. No will not be accepted. Changes here will not affect the hment.	te: <u>DO NOT</u> put "same as last year" or the address in Block 1. If more space is						
Block 5: May not be altered	Block 5: May not be altered through the use of this form.							

Block 6: The annual report must be signed by a person authorized to represent the corporation. Print or type the name of the signer below the signature.

\*\* The image of this form will be available on the internet once it has been filed. DO <u>NOT</u> enter Social Security numbers.

If the corporation is no longer doing business in Idaho, you may file the appropriate form. Forms are available on the website at www.sos.idaho.gov. However, if no timely annual report is filed, administrative action will be taken, at no cost to the corporation to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.

If the do	cument is incorrect	, is there a tele	phone number to reach	you for corrections	•	
-----------	---------------------	-------------------	-----------------------	---------------------	---	--