



Idaho Corporation Annual Report Form

File online at: sosbiz.idaho.gov



Return completed form within 30 days to:

Idaho Secretary of State
Attn: Annual Reports
450 North 4th Street
Boise, ID 83720
Phone: (208) 334-2300

For Office Use Only

-FILED-

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Annual Report: No filing fee if received by the due date.

Due no later than: 08/31/2024

SOS Control Number: 579596

Filing Status: Active-Good Standing

Non-Profit Corporation (D)

Date Formed: 08/10/2011

Formation Locale: ID

Name and Mailing Address:

(1) Add or Change Mailing Address:

LOST N LAVA COWBOY POETRY INC.
102 S RAIL ST E
SHOSHONE, ID 83352-5138

Registered Agent (RA) and Registered Office (RO) Address:

(2) Change RA and/or RO Address:

~~PAYSON REESE~~
~~102 S RAIL ST E~~
~~SHOSHONE, ID 83352~~

John M. BARBER
102 S. RAIL ST E
SHOSHONE, IDAHO 83352

Note: The Registered Office address must be a physical Idaho address (no postal box).

(3) New Registered Agent (RA) Signature:

John M. Barber
If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.

(4) Corporations: Enter names and business addresses (with zip code) of the President, Vice President, Secretary, Treasurer.

| Title | Name | Business Address | City, State, Zip |
|---------|---------------|------------------|---------------------|
| PRES | John BARBER | 102 S. RAIL ST E | SHOSHONE, ID. 83352 |
| V. PRES | CHRIS DIXON | " " | " " |
| SEC | CLAUDIA REESE | " " | " " |
| TREAS | HAN BARBER | " " | " " |

(5) Board of Directors names and business addresses (with zip code). Attach additional sheet if necessary.

| Name | Business Address | City, State, Zip |
|----------------|------------------|---------------------|
| LYN HOFFMAN | 102 S. RAIL ST E | SHOSHONE, ID. 83352 |
| BRYAN DILWORTH | " " | " " |
| | | |
| | | |
| | | |
| | | |

(5) Signature: *John M. Barber*

(6) Date: AUG 29, 2023

(7) Type/Print Name: JOHN BARBER

(8) Title: PRESIDENT

Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.

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