

## **Idaho Corporation Annual Report Form**

File online at: sosbiz.idaho.gov

For Office Use Only

n

(C)

m

## -FILED-

File #: 0005416197

Date Filed: 10/2/2023 11:14:00 AM

Due no later than: 10/31/2023

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

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

SOS Control Number: 550045

Filing Status: Active Cond Standing

303 Control Number: 559045		Filling Status. Active-Good Standing			
Non-Profit Corporation (D)		Date Formed: 10/29/2009 Formation Locale: ID			
Name and Mailing Address:	-	(1)	Add or Change Mailing Add	ress:	
FAMILY MATTERS OF AMERIC	A INC.			<u> </u> Familia	
5398 E 65TH S				gandh H S	
IDAHO FALLS, ID 83406-8386			SAME	Joseph Company	
			JAME	المنظاء	
			ng a sa a - anni a garanna pagaman a anni	Francisco	
Registered Agent (RA) and Reg	jistered Offi	ce (RO) Address:	Change RA and/or RO Add	ress:	
GREGORY C CALDER			-		
2105 CORONADO ST				(1) 11 (1) (1) (1) (1) (1) (1) (1) (1) (	
IDAHO FALLS, ID 83404			SAME	ord =	
				<u> </u>	
				e de la placation de la placat	
Note: Ti	ne Registered (	Office address must be a physical Id	aho address (no postal be	ox).	
			$\mathcal{R}$	0 11 -	
(3) New Registered Agent (RA)	Signature:_	Some As (xs)	- year, J.	Allees o	
		If a new agent is appointed in item (2)	<del></del>	gn here to accept the appointment.	
(4) Corporations: Enter names and busin	ness addresses	(with zip code) of the President, Vice F	President, Secretary, Treasu	ırer.	
Title Name		Business Address City, State, Zip		e, Zip	
Fresid Dob Mills		5398 EAST 65 Soul	to I Dranes	7mm 20 83406	
Vice Prend	1 2/			land to said the said to said the said	
2) Jewishing Kaye	41/5	11 11 11 11	11	11 11 11	
				in the second se	
(5) Board of Directors names and busine	ss addresses (v	vith zip code). Attach additional sheet	if necessary.	0.23 (A)	
Name	Busin	ess Address	City, State	, Zip	
				Justini Liki	
		-21		lus d	
		1/2/01/3	7		
	1	V Charles and	0.0	- CA	
	<del>-                                     </del>		1/1/1/200		
0 0					
(5) Signature: (2 10 0) )		(0) 5		~7.3	
(5) Signature:		(6) [	Date: 7-8-2	<u> </u>	
(7) Type/Print/Name:	ills	(8)	itle: DVPCI	dent.	
Instructions: Legibly complete the form	above. Sign a	nd date this form and return to the add	ress provided above.	U).	