



Idaho Corporation Annual Report Form

	File online at: SOSBIZ.idaho.gov			Return completed form within 30 days to	
	Due on/Before: 12/31/2	018 Reporting Year:	Attı	n: Annual Reports	2
Annual Re	port: No filing fee if rece	ived by due date.		0 North 4th Street ise, ID 83702	
If reinstatement is required, the reinstatement fee is \$30.00.				Phone: (208) 334-2300	
SOS Contro	l Number: 199133	Filing Status: Active-Go	ood Standing		2
	iness Corporation (D)	Date Formed: 12/07/19		ormation Locale: ID	2
					
				ange Mailing Address:	و.
KOZGRO, II					4
PO BOX 84- CALDWELL					.
0,12011222	,				ΔM
					
Registered Agent (RA) and Registered Office (RO) Address: WENDELL IVIE (2) Change RA				A and/or RO Address:	Ω O
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CALDWELL				. W. orchard 03 npa Idaho	υ ,, , , , , , , , , , , , , , , , , ,
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			(0 % 1)		
	N	ote: The Registered Office address n	nust be an Idaho a	address. & 3	65]
(३)∕New Re	gistered Agent (RA) Sign	ature:			Ħ
•	= :	pointed in item (2) above, the new ager			Ω
		ddresses (with zip code) of the Preside	nt, Vice President,		n Q
Title	Name	Business Address	<u> </u>	City, State, Zip	
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Mice Pr	es Tim whel	CAPT LLID HITE	akeshore	71 . 7	3687
41001		D/	1/6		
(5) Board of D	rectors names and business add	dress (with zip code). Attach additional	sheet if necessary		Ĥ,
Name		Business Address		City, State, Zip	Ø
		 			# # #
<u> </u>					ct
	111	^ ^ ^	1	2 12 18	يق
(5) Signature:			(6) Date:	7-17-18	Lawer
(7) Type/Print N	Name: Woend	ell Ille	(8) Title:	tresident.	<u>0</u>
		e. Enclose a check made payable to	the Idaho Secret	ary of State for \$30 if reinstating.	en ce
Sign and date	this form and return to the addre	ess provided above.			ው
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