



## **Idaho Corporation Annual Report Form**

File online at: sosbiz.idaho.gov Due no later than: 01/31/2021

## 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

Ann	nual Report: No filing fee		Boise, ID 83720 Phone: (208) 334-2300			
SOS Contro	ol Number: 561472	F	lling Status: Active-Good	d Standing	· · · · · · · · · · · · · · · · · · ·	
General Business Corporation (D)					mation Locale: ID	
Name and NUBIZPRO MOGENS E 108 TRADIN	Mailing Address: INC.			(1) Add or Chan	ge Mailing Address:	
ROBERT LE 5840 ISABE	Agent (RA) and Registe EATHERWOOD ELLA DR NLENE, ID 83814	red Offic	e (RO) Address:	(2) Change RA a	and/or RO Address:	
	Note: The Re	gistered Of	fice address must be a physi	cal Idaho address	s (no postal box).	
(3) New Reg	gistered Agent (RA) Sig	nature:				
			If a new agent is appointed in ite	m (2) above, the ne	w agent must sign here to accept the appointment.	
	ns: Enter names and business a	addresses (w		/ice President, Se	· · · · · · · · · · · · · · · · · · ·	
Title	17		Business Address		City, State, Zip	
77-43/11 C	uf Mogens E	7-7-00	3 730 CA7-60	rew rem	Creston, SC, Varia	
(5) 0 4 (0)					<u> </u>	
<del></del>	rectors names and business ad			heet if necessary.	.,	
Name B		Busine	usiness Address		City, State, Zip	
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(5) Signature:	Mayers	EZ	azin	(6) Date: 2	ro 8021	
(7) Type/Print N	lame / BBX	- =	SASAX	(8) Title: (%)	dat	

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