

## **Idaho Corporation Annual Report Form**



## Return completed form within 30 days to:

Idaho Corporation Annual Report Form		
	File online at: sosbiz.idaho.gov	eport Form g ຈ ພ
Return completed form Idaho Secretary of State Attn: Annual Reports 450 North 4th Street Boise, ID 83720 Phone: (208) 334-2300	n within 30 days to:	For Office Use Only  -FILED-  File #: 0005025889  Date Filed: 12/9/2022 10:15:00 AM
Annual Report: No filing fee if received by the due date.  Due no later than: 09/30/2022		Due no later than: 09/30/2022
SOS Control Number: 580666 Non-Profit Corporation (D)	Filing Status: Active-Good Standing  Date Formed: 09/19/2011 For	mation Locale: ID
Name and Mailing Address:  YELLOW PINE BACKCOUNTRY HISTORICAL MUSEUM, INC.  820 ABSTEIN RD  YELLOW PINE, ID 83677  (1) Add or Change Mailing Address:  LA CHANGE MAILING A		
Registered Agent (RA) and Registered Office (RO) Address:  LORRAINE MCINTOSH 820 ABSTEIN ROAD YELLOW PINE, ID 83677 (VALLEY COUNTY)  Note: The Registered Office address must be a physical Idaho address (no postal box).		
(3) New Registered Agent (RA) Signature:  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.		
Secretary Shenry Gov	Business Address  OSh POBOX 99  ADOV POBOX 27  Intosh POBOX 29	City, State, Zip  Yellow Pine ID \$3677  Yellow Pine ID 83677  Tellow Pine ID 83627
(5) Board of Directors names and business addresses (with zip code). Attach additional sheet if necessary.		
Name Rhonda Eg bert Sherry Gondon Lynn I Imel Bill Mc Intosh Lorraine Mc Intosh	Business Address  1661 Johnson CreekRoad  FO BOX 27  FO BOX 23  FO BOX 99  820 Abstein W-PDB0199	City, State, Zip  Yellow Pine ID 836770  Yellow Pine ID 836770  Yellow Pine ID 83677  Yellow Pine ID 83677  Yellow Pine ID 83677
(5) Signature: Lowerse MC/Ontoso (6) Date: 11-29-22		
(7) Type/Print Name: Lorraine Mc Intosh (8) Title: Treasure of		

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