

## **Idaho Corporation Annual Report Form**



State

(5) Signature:

(7) Type/Print Name:

		File offilite at. Sosbiz.idano.gov			BN7
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A A	eturn completed form daho Secretary of State Attn: Annual Reports 450 North 4th Street Boise, ID 83720 Phone: (208) 334-2300	m within 30 days to:		For Office Use Only -FILED- File #: 0005159738	8-96/5 N3
		if received by the due date.		Date Filed: 3/17/2023 4:50:00 PM  Due no later than: 02/28/202	3 1
SOS Control Nui Non-Profit Corpor		Filing Status: Active-	_	mation Locale: ID	N N N
Name and Mailir AZURE MEADON ASSOCIATION, I TAMIE SCHELL 11475 W AZURE BOISE, ID 83713	WS SUBDIVISION NO NC. EDR	) 2&3 HOMEOWNER'S	(1) Add or Chai	nge Mailing Address:	4:00 FM
Registered Ager TAMIE SCHELL 11475 W AZURE BOISE, ID 83713	E DR	ed Office (RO) Address:	(2) Change RA	and/or RO Address:	Kecelved by
(A) N. B. 1 (	_	stered Office address must be a	physical Idaho addres	ss (no postal box).	C H
(3) New Register	red Agent (RA) Signa	It <b>ure:</b> If a new agent is appointe	d in item (2) above, the n	ew agent must sign here to accept the appointment	<u> </u>
(4) Corporations: En	ter names and business ad	dresses (with zip code) of the Presi	dent, Vice President, S	ecretary, Treasurer.	
Sicretary Via Pres.	Tamil S Paul Helr	Business Address  Mell 11475 W.  71 12182		City, State, Zip  Boise, ID 83713  Boise, ID 83709	- H
(5) Board of Directors	s names and business addr	resses (with zip code). Attach addit	ional sheet if necessar	<i>y</i> .	T
Name		Business Address		City, State, Zip	
					0 0 - C

(6) Date:

(8) Title:

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