



## **Idaho Corporation Annual Report Form**

File online at: sos.idaho.gov

Due no later than: 09/30/2019

## Return completed form within 30 days to:

Idaho Secretary of State Attn: Annual Reports 450 North 4th Street

| Annual Report: No filing fee if received by the due date.   |  |   |                                    | Phone: (208) 334-2300                            |  |
|---|--|---|------------------------------------|--|--|
|   | Number: 413821<br>less Corporation (D) | Filing Status: Active                     |                                    | anding Formation Locale: ID                      |  |
| Name and Mailing Address: LINDA'S INCORPORATED PO BOX 1525 BONNERS FERRY, ID 83805  |  |   | (1) Add or Change Mailing Address: |  |  |
| BOMMENOTE   |  |   |                                    |  | יד<br>ב                                |
| Registered Agent (RA) and Registered Office (RO) Address:<br>LINDA DINNING<br>6420 KOOTENAI ST<br>BONNERS FERRY, ID 83805 |  |   |                                    | (2) Change RA and/or RO Address:                 |  |
|   | Note: The R                            | egistered Office address must be          | a physical Idaho                   | address (no postal box).                         | ζα                                     |
| (3) New Regis   | stered Agent (RA) Sig                  | nature:  If a new agent is appoin         | ted in item (2) ahov               | e, the new agent must sign here to accept the ap | pointment.                             |
| (4) Corporations:   | Enter names and business               | addresses (with zip code) of the Pre      | sident, Vice Presi                 | dent, Secretary, Treasurer.                      |  |
| Title   | Name                                   |   |                                    | City, State, Zip                                 |  |
| Yrosed:net  | Linda Winni                            | 19 (420 Keel                              | enai St                            | Bonners Ferry Id.                                | 83509                                  |
| (5) Board of Dire   | ectors names and business a            | l<br>ddresses (with zip code). Attach add | ditional sheet if ne               | cessary.   | 0<br>H                                 |
| Name  |  | Business Address                          |                                    | City, State, Zip                                 | 7;<br>ct<br>0)                         |
|   |  |   |                                    |  | <u> </u>                               |
|   |  |   |                                    |  | ###################################### |
| (5) Signature   | Line Dan                               | nil                                       | (6) Date                           | 11-10-19   | in co                                  |
| (7) Type/Print Na   | ime: Linder D                          | inning                                    | (8) Title:                         | President  |  |
| Instructions: L   |  | ove. Sign and date this form and ret      | urn to the address                 | provided above.                                  |  |