



## **Idaho Corporation Annual Report Form**

File online at: sosbiz.idaho.gov

Due no later than: 03/31/2020

## Return completed form within 30 days to: 4

Idaho Secretary of State

Due no later than: 00/01/2020					Attn: Annual Reports 450 North 4th Street	
Annual Report: No filing fee if received by the due date.  Boise, ID 83720 Phone: (208) 334-2300						3/06
SOS Contro	ol Number: 73555	(	Filing Status: Active-Go	od Standii	ng	V.
Non-Profit Corporation (D)			Date Formed: 03/07/193	8	Formation Locale: ID	
YORK GRA 1005 SYRIN	Mailing Address: NGE NO. 253, INCORF IGA DR LS, ID 83401-4180	PORATED		(1) Add	or Change Mailing Address:	1 2 2
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Registered Agent (RA) and Registered Offi KAREN MOIR			(2) Change to photo No Addies		nge RA and/or RO Address:	Ď.
1005 SYRINGA DR				inc	rdon Moir 5 Syringa Dr.	ω Ω
	LS, ID 83401			Id.	LO FELLS, TD 83401	% @ C
		_	Office address must be a phy	sical Idaho	address (no postal box).	Λq
(3) New Reg	gistered Agent (RA) Si	gnature:_	If a new agent is appointed in	item (2) abov	re, the new agent must sign here to accept the app	ointment.
(4) Corporation	ns: Enter names and busines	s addresses	(with zip code) of the Presiden	<del>`</del>	* * * * * * * * * * * * * * * * * * * *	v
Title	Name		Business Address	•	City, State, Zip	<del></del>
Breside.	it Emil Wh	; t.e	P.C. Box 63	<del> </del>	Menon ID 8343	<u> </u>
Servitas			P.O. Box 62		Menan ID 83/34	L ct
Tresson	its Gostdon 1	Toir	1005 Syrivey	a. Dr.	Idaha Falls ID 834	01-118
(5) Board of D	irectors names and business	addresses (w	vith zip code). Attach additiona	al sheet if ne	cessary.	0
Name		Busin	ness Address		City, State, Zip	Ā
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(5) Signature:	Issam "	more	1	(6) Date	3-1-2016	ž
(7) Type/Print N	~	10:1		(8) Title:	Treasurer fragisted	A & Evit
Innimentary.	Logibly complete the form of	hove Sim -	nd data this form and ecture to	the eddeces	7 1	De