



Idaho Corporation Annual Report Form

File online at: sosbiz.idaho.gov



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

For Office Use Only

-FILED-

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Annual Report: No filing fee if received by the due date.

Due no later than: 06/30/2024

SOS Control Number: 113940

Filing Status: Active-Good Standing

Non-Profit Corporation (D)

Date Formed: 06/21/1962

Formation Locale: ID

Name and Mailing Address:

IDAHO COUNTY HISTORICAL SOCIETY, INC.
305 N COLLEGE ST
GRANGEVILLE, ID 83530-1703

(1) Add or Change Mailing Address:

Registered Agent (RA) and Registered Office (RO) Address:

PAM NORTHCUTT
1192 HIGHWAY 14
GRANGEVILLE, ID 83530

(2) Change RA and/or RO Address:

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.

| Title | Name | Business Address | City, State, Zip |
|---------------|---------------|----------------------|----------------------|
| Pres | FLOYD WHITLEY | P.O. BOX | Cottonwood Id. 83522 |
| Vice Pres. | MARK SIZEMORE | 410 305 N. COLLEGE | GRANGEVILLE ID 83530 |
| Sec | JEAN MELCHING | 501 FISH HATCHERY RD | GRANGEVILLE ID 83530 |
| Acting Treas. | PAM NORTHCUTT | 1192 HWY 14 | GRANGEVILLE ID 83530 |

(5) Board of Directors names and business addresses (with zip code). Attach additional sheet if necessary.

| Name | Business Address | City, State, Zip |
|---------------|------------------|----------------------|
| TRUSTEES | | |
| MIKE PETERSON | 127 CUNNINGHAM | GRANGEVILLE ID 83530 |
| JUANITA SEAY | 508 N. COLLEGE | GRANGEVILLE ID 83530 |
| PAM NORTHCUTT | 1192 HWY 14 | GRANGEVILLE ID 83530 |
| | | |
| | | |

(5) Signature: Pam Northcutt

(6) Date: 5/16/24

(7) Type/Print Name: PAM NORTHCUTT

(8) Title: TRUSTEE

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

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