

B0473-7697 03/09/2020 1:32 PM Received by ID Secretary of State Lawrence Denney



## Idaho Corporation Annual Report Form

File online at: [sosbiz.idaho.gov](http://sosbiz.idaho.gov)

Due no later than: 03/31/2020

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

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

SOS Control Number: 127120

Filing Status: Active-Good Standing

Foreign Business Corporation

Date Formed: 03/06/1967

Formation Locale: WASHINGTON

**Name and Mailing Address:**

TWIN CITY FOODS, INC.

PO BOX 699

STANWOOD, WA 98292-0699

(1) Add or Change Mailing Address:

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

~~DON L BOTT~~

~~0309 2ND ST~~

~~LEWISTON, ID 83501~~

(2) Change RA and/or RO Address:

Justin Rassmussen

312 S. Washington Street Suite 2

Moscow ID 83843

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
President	John S. Lervick	PO Box 699	Stanwood WA 98292
VP	Mark M. Lervick	PO Box 699	Stanwood WA 98292
Secretary	Virgil S. Roehl	PO Box 699	Stanwood WA 98292
Treasurer	Virgil S. Roehl	PO Box 699	Stanwood WA 98292

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

Name	Business Address	City, State, Zip
Roger O. Lervick	PO Box 699	Stanwood WA 98292
John S. Lervick	PO Box 699	Stanwood WA 98292
Mark M. Lervick	PO Box 699	Stanwood WA 98292
Virgil S. Roehl	PO Box 699	Stanwood WA 98292

(5) Signature:

*Virgil S. Roehl*

(6) Date:

3/2/2020

(7) Type/Print Name: Virgil S. Roehl

(8) Title:

VP Finance

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