



Idaho Corporation Annual Report Form

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Due no later than: 01/31/2022

Return completed form within 30 days to

Idaho Secretary of State Attn: Annual Reports 450 North 4th Street Boise, ID 83720

GRANGEVILLE, ID 83530-5072 Registered Agent (RA) and Registered Office (RO) Address: PEARL BENTLEY (2) Change RA and/or RO Address:	Annua	al Report: No filing fee	if received by the due date.	Phor	ne: (208) 334-2300	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Non-Profit Corporation (D) Date Formed: 01/20/2015 Formation Locale: ID Name and Mailing Address: GRANGEVILLE AMERICAN LEGION AUXILIARY UNIT 37, INC. 92 MOUNT IDAHO GRADE RD GRANGEVILLE, ID 83530-5072 Registered Agent (RA) and Registered Office (RO) Address: PEARL BENTLEY (1) Add or Change Mailing Address: (2) Change RA and/or RO Address:	SOS Control	Number: 617053	Filing Status: Active-Good	Filing Status: Active-Good Standing			
GRANGEVILLE AMERICAN LEGION AUXILIARY UNIT 37, INC. 92 MOUNT IDAHO GRADE RD GRANGEVILLE, ID 83530-5072 Registered Agent (RA) and Registered Office (RO) Address: PEARL BENTLEY (1) Add of Change Mailing Address. (2) Change RA and/or RO Address:	Non-Profit Corporation (D)		Date Formed: 01/20/2015	Form	Formation Locale: ID		
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GRANGEVILLE, ID 83530-5072 Registered Agent (RA) and Registered Office (RO) Address: PEARL BENTLEY (2) Change RA and/or RO Address:		_	AUXILIARY UNIT 37, INC.			N	
Registered Agent (RA) and Registered Office (RO) Address: PEARL BENTLEY (2) Change RA and/or RO Address:						V.	
Registered Agent (RA) and Registered Office (RO) Address: PEARL BENTLEY (2) Change RA and/or RO Address:	GRANGEVILL	E, ID 83530-5072				ָדָ בַּ	
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GRANGEVILLE, ID 83530	GRANGEVILL	.E, ID 83530				Ď	
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Note: The Registered Office address must be a physical Idaho address (no postal box).		Note: The Reg	gistered Office address must be a physic	al Idaho addres:	s (no postal box).	K	
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	(3) New Regis	stered Agent (KA) Sign		n (2) above, the ne	w agent must sign here to accept the appointme	ent. V	
(4) Cornorations: Enter names and husiness addresses (with zin code) of the President Vice President Secretary Treasurer	(4) Corporations:	Enter names and business a	ddresses (with zip code) of the President, V	ice President, Se	cretary, Treasurer.	O	
Title Name Business Address City, State, Zip	Title	Name	Business Address		City, State, Zip		
President Molly Bevery 1808 Lavestust Cottonwood, Tola 83522-5070	Princet	molly Bever-	1808 Lamete	X+	(4.7.6	<u>507#</u>	
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(ctors names and business add		heet if necessary.	,	Н	
	Name		Business Address		City, State, Zip		
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(5) Signature: 12(11) 11. Dentle, (6) Date: 1/2 27, 2021	(5) Signature:	1 Kin/11/ Dente	-,	(6) Date://	27,2021	0	
(7) Typer-time traine. 12 (E.K.) DENTIE!	(7) Type/Print Nar	me: PERRI BEN	+ RIV	(8) Title: 5 2 C	- TREAGUN		
Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.			<i>y</i>			un	