



Idaho Corporation Annual Report Form

File online at: sos.idaho.gov

Due no later than: 05/31/2019

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

Return completed form within 30 days to A

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

7,000	da Report No ming 100	11 10001	Tours and autor	Phor	e: (208) 334-2300	7/2
SOS Control Number: 423763			Filing Status: Active-Good Standing			
General Business Corporation (D)			Date Formed: 05/03/200	1 Form	ation Locale: ID	19
Name and M	Mailing Address:			(1) Add or Chang	ge Mailing Address:	
BRUNEAU SWEETWATER, INC.						2
30477 LAST FRONTIER RD BRUNEAU, ID 83604						26
BRUNEAU,	ID 63004			00000000000000000000000000000000000000		AM
-	Agent (RA) and Registe	red Offic	e (RO) Address:	(2) Change RA a	nd/or RO Address:	77 P
SHANE JOL	LEY FRONTIER RD			**		ω Ω
BRUNEAU,						ĹΥ
					ceived	
	Note: The Re	gistered O	ffice address must be a phy	sical Idaho address	(no postal box).	. ए
(3) New Reg	istered Agent (RA) Sign	ature:_	If a new agent is appointed in	item (2) above, the ne	w agent must sign here to accept the a	ppointment.
(4) Corporation	s: Enter names and business a	ddresses (with zip code) of the President	t, Vice President, Se	cretary, Treasurer.	Ω
Title	Name		Business Address	·	City, State, Zip	ű
Presider	it Shane R. Jo	Iley	30471 Last	Frontierfo	Bruneau ID	83604
V. Fres	HeboraLiso	1/24	30477 Last F	rontierEd	Bruneau, III	83609
SPC,	- Norma Soll	est.	20481 1237 1-	PATICI P.O.	Bruneau , LL	<i>1<u>0607</u>5</i> 'S
(5) Board of Dir	rectors names and business add	dresses (w	ith zip code). Attach additiona	sheet if necessary.		0
Name		Busin	Business Address		City, State, Zip	——— -
Shane & Jolley		30	477 Last Fra	MICH	Brungau, IL	7 8 <i>3(D)</i>
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DEDOYO	arisp/ley		TII FUEL FIL	MTTEV TX1.	LIVUNCAU, ID	X 360 9 10
						
			7			
(5) Signature:	1 Johnsun	Y.	lelle.	(6) Date: 5	-2-19	enc
(7) Type/Print N	ame: Melana	5 /7	allead	(8) Title: 1/	Pros.	n)
(.) .)=3	WINDIA F	- 1 0	ellist.	(5) 1	1100	- D e
Instructions:	Legibly complete the form abov	e. Sign an	d date this form and return to	the address provided	l above.	ıü