



# Idaho Corporation Annual Report Form

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

Due no later than: 12/31/2019

Return completed form within 30 days of:

Idaho Secretary of State  
Attn: Annual Reports  
450 North 4th Street  
Boise, ID 83720  
Phone: (208) 334-2300

B0423-29197 12/20/2019 10:50 AM Received by ID Secretary of State Lawrence Denney

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

SOS Control Number: 402531

Filing Status: Active-Good Standing

Non-Profit Corporation (D)

Date Formed: 12/22/1999

Formation Locale: ID

**Name and Mailing Address:**

AMERICAN LEGION AUXILIARY UNIT #7, TWIN FALLS, INC. (THE)  
PO BOX 863  
TWIN FALLS, ID 83303-0863

(1) Add or Change Mailing Address:

*American Legion Auxiliary Unit #7,  
Twin Falls, Id.  
531. Boxwood Dr  
Twin Falls, Idaho 83301*

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

JERRILYN J HILLMAN  
531 BOXWOOD DR  
TWIN FALLS, ID 83301

(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
President	Beth Beadle	510 Oakley Ave Burley	Burley Id 83318
Vice Pres	Kim McElkett	140 Long Legos	Twin Falls Id 83301
Secretary	Shari Johnston	1083 Terra Ave	Twin Falls Id 83301
Treasurer	Jerrilyn Hillman	531 Boxwood Dr	Twin Falls Id 83301

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

Name	Business Address	City, State, Zip
Helen Wilson	692 Percine Pl. Apt 101	Twin Falls Id 83301
Maggi Boston	212 6th Ave N	Twin Falls Id 83301

(5) Signature: *Jerrilyn J Hillman*

(6) Date: *Dec 16, 2019*

(7) Type/Print Name: *JERRILYN HILLMAN*

(8) Title: *TREASURER*

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