



## **Idaho Corporation Annual Report Form**

File online at: sosbiz.idaho.gov

Due no later than: 06/30/2022

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Attn: Anr File #: 0004756349

| Annual Report: No filing fee if received by the due date.  450 North 4th Street Boise, ID ost 20 Phone: (208) 334-2300       |  |                |                                    |                   |                             | 0 AM 24                                  |
|--|--|----------------|------------------------------------|-------------------|-----------------------------|--|
| SOS Control Number: 125177   |  |                | Filing Status: Active              | e-Good Stan       | ding                        | 2  |
| Non-Profit Corporation (D)   |  |                | Date Formed: 06/27                 | 7/1966            | Formation Locale: ID        | 22                                       |
| PACK SADI<br>3566 N 800  | Mailing Address:<br>DLE WATER CORPO<br>0 W<br>D 83452-5038 | ORATION        | (1) Add or Change Mailing Address: |                   |                             | 9:27 A                                   |
|  |  |                |                                    |                   |                             | AM I                                     |
| Registered Agent (RA) and Registered Office (RO) Address:  TERRELL F KAY  890 W 400 N  TETONIA, ID 83452                     |  |                |                                    |                   |                             | Received                                 |
| (3) New Re   | Note: T<br>gistered Agent (RA)                             |                |                                    |                   | ho address (no postal box). | ьу ID                                    |
| If a new agent is appointed in item (2) above, the new agent must sign here to accept the                                    |  |                |                                    |                   |                             |  |
| (4) Corporations: Enter names and business addresses (with zip code) of the President, Vice President, Secretary, Treasurer. |  |                |                                    |                   |                             |  |
| Title  | Name   | 1 1-           | Business Addres                    | <del></del>       | City, State, Zip            | A - 12 - 12 - 12 - 12 - 12 - 12 - 12 - 1 |
| Sec  | Jene 7   | Kay            | 3566 N<br>11525                    | 4000 L            | Tetoma for                  | 83452                                    |
| (5) Poord of D   |  |                |                                    |                   |                             | <u>~</u>                                 |
| (5) Board of Directors names and business addresses (with zip code). Attach additional she                                   |  |                |                                    | ditional sheet if |                             | Н,                                       |
| Name   |  | Busii          | ness Address                       |                   | City, State, Zip            | <u> </u>                                 |
|  | <del></del>  |                |                                    |                   |                             | <del></del>                              |
|  |  |                |                                    |                   |                             | ct<br>D                                  |
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|  |  |                |                                    |                   |                             | awe                                      |
|  |  |                |                                    |                   |                             | <del></del>                              |
| (5) Signature:   | Garry a  | Jara           | ine                                | (6) Da            | ite: May 20 - 20            | 22                                       |
| (7) Type/Print Name: Garry Jardine (8) Title: Pres   |  |                |                                    |                   |                             | D  |
| Instructions   | Legibly complete the form                                  | n ahove Sign o | and data this form and rate        | um to the edden   | an provided chave           | Ë  |