



## **Idaho Corporation Annual Report Form**

Annual Re	port: No	filing	fee if	received	by o	due	date.

OT SEA				B0027-
Circle Control	Idaho Corporatio	on Annual Report Form		12
	File online at: SOSBIZ.i  Due on/Before: 10/31/20	•	Return completed form within 30 day Idaho Secretary of State Attn: Annual Reports	
Annual Report: No filing fee if received by due date. If reinstatement is required, the reinstatement fee is \$30.00.			700 West Jefferson, E205 450 North 4th Street Boise, ID 83702 Phone: (208) 334-2300	0/24/2
SOS Control Number: 320452		Filing Status: Active-Good S	tanding	2
	iness Corporation (D)	Date Formed: 10/19/1993	Formation Locale: ID	œ
Name and N WE-R-1, INC 643 SUNSHI TWIN FALLS	INE DR	(1	1) Add or Change Mailing Address:	10:12

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

BARBARA A KNUDSON 643 SUNSHINE DR TWIN FALLS, ID 83301

(2) Change RA and/or RO Address:

Note: The Registered Office address must be an Idaho address.

(3)	New	Registe	ered	Agent :	(RA)	Signati	ure:
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If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.

Title Name		Business Address	City, State, Zip			
President	BARDARA A. Knudso	443 Sunshine DR	Toin FAILS ID 8330			
		643 Sunshine DR	TWIN FAILS ID 2330			
(5) Board of Dire	ctors names and business address (with	zip code). Attach additional sheet if necessary.				

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

(4) Corporations: Enter names and business addresses (with zip code) of the President, Vice President, Secretary, Treasurer.

Name	Business Address	City, State, Zip	Ø	
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(5) Signature:	Jarbara Hit	Suckson	(6) Date:	10	121	12018	
(7) Type/Print Name:	BARBARAA	Knudson	(8) Title:	PR	; د ج ع	dent	

Instructions: Legibly complete the form above. Enclose a check made payable to the Idaho Secretary of State for \$30 if reinstating. Sign and date this form and return to the address provided above.

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Received