



## **Idaho Corporation Annual Report Form**

File online at: sosbiz.idaho.gov

Due no later than: 09/30/2021

## Return completed form within 30 days to:

Idaho Secretary of State Attn: Annual Reports 450 North 4th Street

| Annual Report: No filing fee if received by the due date. |                              |                                       |                  |            |               |                                  | Boise, ID 83720<br>Phone: (208) 334-2300 |                  |                  |                | <b>2</b> 3/      |
|---|------------------------------|---------------------------------------|------------------|------------|---------------|----------------------------------|--|------------------|------------------|----------------|------------------|
| SOS Control N   | Number: 319337               |                                       | ilina Sta        | ntuc: A    | otivo God     | od Standin                       |  |                  |                  |                | <u>N</u> `       |
| General Busine  |                              | _                                     |                  | 9/15/1993  |               | -                                | ation Lo                                 | ocale: ID        |                  | 21             |                  |
| Name and Mailing Address:                                 |                              |                                       |                  |            |               |                                  |  |                  | Address:         |                | <u> </u>         |
| L. J. BISHOP  |                              |                                       |                  |            |               |                                  |  |                  | 2:               |                |                  |
| PO BOX 5174   |                              |                                       |                  |            |               |                                  |  |                  |                  | 59             |                  |
| TWIN FALLS,   | ID 83303-5174                |                                       |                  |            |               |                                  |  |                  |                  |                | שי               |
|   |                              |                                       |                  |            |               |                                  |  |                  |                  |                | PM               |
| Registered Agent (RA) and Registered Office (RO) Address: |                              |                                       |                  |            |               | (2) Change RA and/or RO Address: |  |                  |                  |                | R e              |
| JACK BISHOP   |                              |                                       |                  |            |               |                                  |  |                  | ceive            |                |                  |
| 2326 SHERWOOD DR<br>TWIN FALLS, ID 83301                  |                              |                                       |                  |            |               |                                  |  | ÍΥ               |                  |                |                  |
| TVIN FALLS,   | 10 63301                     |                                       |                  |            |               |                                  |  |                  |                  |                | e<br>O           |
|   |                              |                                       |                  |            |               |                                  |  |                  |                  |                | <b>T</b>         |
|   | Note: The Regi               | stered Of                             | fice addr        | ess mus    | t be a phys   | ical Idaho a                     | address                                  | (no pos          | tal box).        |                | 4                |
| (3) New Regis   | tered Agent (RA) Signa       | ture:                                 |                  |            |               |                                  |  | •                |                  |                | H                |
|   |                              |                                       | If a new         | agent is a | ppointed in i | tem (2) above                    | e, the ne                                | w agent m        | ust sign here to | accept the app | oointment        |
| (4) Corporations:   | Enter names and business ad  | dresses (v                            | vith zip co      | ode) of th | e President   | , Vice Presid                    | lent, Se                                 | cretary, T       | reasurer.        |                | 8<br>0           |
| Title   | Name                         |                                       | Busin            | ess Ad     | dress         |                                  |  | City, S          | state, Zip       |                | Q                |
| President   | Jack Bishop                  |                                       | PO               | Box        | 5174          |                                  |  | Twir             | Falls,           | Idaho          | 83303            |
| & Sec.  |                              |                                       |                  |            |               |                                  |  | <u> </u>         |                  |                | <u> </u>         |
|   | -                            | · · · · · · · · · · · · · · · · · · · |                  |            |               |                                  |  |                  |                  | <del></del> .  | - <del>'</del> ' |
| (5) Board of Direct                                       | ctors names and business add | resses (wi                            | th zip code      | e). Attac  | h additional  | sheet if ned                     | essary.                                  | 1.               |                  |                |                  |
| Name  |                              |                                       | Business Address |            |               |                                  |  | City, State, Zip |                  |                |                  |
| Jack Bishop, Chairman                                     |                              | PC                                    | Box              | 5174       | 1             |                                  |  | Twir             | Falls,           | Idaho          | 83303            |
|   |                              |                                       |                  |            |               |                                  |  | <u> </u>         |                  |                | <u> </u>         |
|   |                              | <u> </u>                              |                  |            |               |                                  |  | <del> </del>     | <u> </u>         | <del></del>    | <u></u>          |
|   |                              |                                       |                  |            |               |                                  |  |                  |                  |                | 03               |
|   |                              |                                       |                  |            |               |                                  |  |                  |                  |                | £                |
|   |                              | L                                     |                  |            |               |                                  | •  | <u> </u>         | <u> </u>         |                | eren             |
| (5) Signature:  | Jails Binty                  |                                       |                  |            | <u>.</u> .    | (6) Date:                        | 1.                                       | Sept             | , 2021           |                | D<br>E           |
| (7) Type/Print Name: Jack Bishop                          |                              |                                       |                  |            |               | (8) Title:                       | Pr                                       | eside            | ent              |                | <b></b>          |
|   |                              | -                                     |                  |            |               |                                  |  |                  |                  |                | <del></del>      |

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