



Idaho Corporation Annual Report Form

File online at: sos.idaho.gov

Due no later than: 05/31/2019

Return completed form within 30 days to:

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

Annual Report: No filing fee if received by the due date.						450 North 4th Street Boise, ID 83720 Phone: (208) 334-2300	
SOS Contre	ol Number: 328483		Filing Statu	is: Activo	Good Stand		8/ <u>7</u> 2
			Filing Status: Active-Good Standing Date Formed: 05/27/1994 Formalist Formalis			Formation Locale: ID	019
Name and Mailing Address: SATORI, INC. P. O. BOX 172 COCOLALLA, ID 83813			(1) Add or Change Mailing Address:				
OOOOLALI	-A, 1D 03013						Ϋ́
PETER G N 154 HILLSI	Agent (RA) and Regist MULBARGER DE DR _A, ID 83813	ered Offic	ce (RO) Ad	Idress:	(2) Cha	ange RA and/or RO Address:	Received F
(4) Corporation	gistered Agent (RA) Sig	nature:_	If a new age (with zip code	ent is appointed	d in ilem (2) abo	o address (no postal box). Eve, the new agent must sign here to accept the appointment sident, Secretary, Treasurer.	by ID Seq
Title	Name			s Address		City, State, Zip	7
Thes Sec.	Pere Mulha	nger	1\	141181d	1. 1	Coistalla, Id 83873	- 4 - 4 3
(res	()	<u> </u>	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(,	11	<u> </u>	4
(5) Board of D	irectors names and business a	ddresses (w	ith zip code).	Attach additi	onal sheet if no	ecessary.	ᅥ
Name Bus			siness Address			City, State, Zip	7
				w			- 4
							껉
	**************************************						<u> </u>
		<u> </u>					ᇻ
							7
							그
(5) Signature:	Paula deul	bara	Te-		(6) Date	= 5/24/19	ů.
(7) Type/Print N	Paula deul Name: PAUIA Mu	Lbara	er		(8) Title	= 5/24/19 = Sec/Talos	₩ U
I4 "		<u> </u>					Ē

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