



## **Idaho Corporation Annual Report Form**

File online at: sosbiz.idaho.gov

Due no later than: 01/31/2021

Return completed form within 30 days to: Idaho Secretary of State

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.    |   |   | Boise, ID 83720<br>Phone: (208) 334-2300                   |  |
|--|---|---|--|--|
| SOS Control Number: 301545                                   |   | Filing Status: Active-Good Star                     | nding  |  |
| General Business Corporation (D)                             |   | Date Formed: 01/21/1992                             | Formation Locale: ID                                       |  |
| SIEPERT'S CF<br>2285 E 400 N                                 | iling Address:<br>RUSHING, INC.<br>DNY, ID 83445-5607 | (1) A   | dd or Change Mailing Address:                              |  |
| Registered Aç<br>KEVIN SIEPEI<br>340 N 12TH W<br>REXBURG, ID | RT<br>/   | red Office (RO) Address: (2) C                      | hange RA and/or RO Address:                                |  |
|  | stered Agent (RA) Sign                                | If a new agent is appointed in item (2) a           | bove the new agent must sign here to accept the appointmen |  |
|  |   | addresses (with zip code) of the President, Vice Pr |  |  |
| Title  | Name  | Business Address                                    | City, State, Zip   |  |
| PHILIAIT   | Kevin Sitfil  | 2285 F. 400 VI                                      | Sh Anthony Idahi 83445                                     |  |
| VICT PARSAMO   | Krvin Sixpir  |   | St. Anthony Joseph 83444                                   |  |
| 5 My o Tary  | Krvin Siepert   | 2285 E. 410 N:                                      | SI ANTHONY SARAO 3144                                      |  |
| (5) Board of Direc   | tors names and husiness and                           | dresses (with zip code). Attach additional sheet if |  |  |
| Name   | Store marries and business ad                         | Business Address                                    | City, State, Zip   |  |
|  |   |   |  |  |
|  |   |   |  |  |
| (5) Signature:   | Men Ju  | port (6) D  | ate: 12-27-20  |  |
| (7) Type/Print Nan   | ne: Krvin S   | (8) Ti  | itle: Pt76.  |  |
| Instructions: Le   | egibly complete the form abo                          | ve. Sign and date this form and return to the addr  | ess provided above.  |  |