

Idaho Corporation Annual Report Form

File online at: sosbiz.idaho.gov

Return completed form within 30 days to:

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

Phone: (208) 334-2300

Annual Report: No filing fee if received by the due date.

For Office Use Only
-FILED-

File #: 0005571578

Date Filed: 1/25/2024 1:02:00 PM

Due no later than: 01/31/2024

SOS Control N	Number: 292388	Filing Status: Active-	Filing Status: Active-Good Standing		
Non-Profit Corporation (D)		Date Formed: 01/23/1	Date Formed: 01/23/1991 Formation Locale: ID		
Name and Mailing Address: (1) Add or Change Mailing Address:					
CALVARY BAI	PTIST CHURCH OF WE	SER INC.			
26 W LIBERTY					
WEISER, ID 8	33672-1948				
Registered Ag	gent (RA) and Registere	d Office (RO) Address:	(2) Change RA a	nd/or RO Address:	
LYNDEN ASH			(e) energe te re		
1037 W BUTT			Type of the President, Vice President, Secretary, Treasurer. (a) Class Address: (b) Address: (c) Change RA and/or RO Address: (d) Change RA and/or RO Address: (e) Change RA and/or RO Address: (f) Change RA and/or RO Address: (g) Change RA and/or RO Address: (h) Change RA and/or RO Address: (g) Change RA and/or RO Address: (h) Change RA and/or RO Address: (g) Change RA and/or RO Address: (h) Change RA and/or RO Address Rate Rate Rate Rate Rate Rate Rate Rate		
WEISER, ID 8	33672				
	Note: The Regis	stered Office address must be a	physical Idaho address	(no postal box).	
(3) New Regis	tered Agent (RA) Signa	hiro.			
o, new nego	tered Agent (IVA) Olgila		d in item (2) above, the ne	w agent must sign here to	accept the appointment
4) Corporations:	Enter names and business add	Iresses (with zip code) of the Presid	dent, Vice President, Se	cretary, Treasurer.	
Title	Name	Business Address	í	City, State, Zip	
TREASURE	LUNDEN ASHCRA	AFT EGW. LIBERT	Y 57	WEISER ID	83672
	FREAHENRIKSEN		H ST		
PASTUR	STEVEN W RUTH	853 W 310 S	T =	()	٤,
(5) Board of Direc	L tors names and business addre	esses (with zip code). Attach additi	onal sheet if necessary	L	***************************************
Name		Business Address	and the second of the second 		
				, o, oo,p	11 11 1
					· · · · · · · · · · · · · · · · · · ·
			· · · · · · · · · · · · · · · · · · ·		
					
	The state of the s				
				<u>L</u>	
E) Olmant 3/~		^	(O) D : 1		
5) Signature: 🗶	world when se	,	(6) Date: \ _	23-2624	
7) Type/Print Nam	18: LANDEN AS	HCRAET	(8) Title: → ₽ (-	FASURER	

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