



Idaho Corporation Annual Report Form

File online at: SOSBIZ.idaho.gov

Due on/Before: 01/31/2019

Reporting Year: 2018

Anı	nual	Repoi	t: No	filing	fee	if	received	by	due	date.

If reinstatement is required, the reinstatement fee is \$30.00.

Idaho Secretary of State Attn: Annual Reports

Return completed form within 30 days to:

450 North 4th Street Boise, ID 83702

Phone: (208) 334-2300 SOS Control Number: 388769 Filing Status: Active-Good Standing General Business Corporation (D) Date Formed: 01/04/1999 Formation Locale: ID (1) Add or Change Mailing Address: Name and Mailing Address: FORKLIFT DOCTOR, INC.

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

JOE A WITHERSPOON 15660 RIVERSIDE RD CALDWELL, ID 83607

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(2) Change RA and/or RO Address:

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

(3) New Registered Agent (RA) Signature:

If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.

(4) Corporations: Enter names and business addresses (with zip code) of the President, Vice President, Secretary, Treasurer. Title Name **Business Address** City, State, Zip PRES. V125:10

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

Name **Business Address** City, State, Zip

(5) Signature:

(6) Date:

(7) Type/Print Name:

(8) Title:

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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