



Idaho Corporation Annual Report Form

File online at: sosbiz.idaho.gov

Due no later than: 03/31/2020

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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 Phone: (208) 334-2300 | |
|---|-------------------------------|---|-------------------------------------|---|---------------|
| SOS Control Number: 563397 | | Filing Status: Active-Go | Filing Status: Active-Good Standing | | |
| Non-Profit Corporation (D) | | Date Formed: 03/09/201 | 10 1 | Formation Locale: ID | 0 2 0 |
| | | ON, INC. | (1) Add or | Change Mailing Address: | 12:11 |
| Registered Agent (RA) and Registered Office (RO) Address: JAMES HAGEDORN 1008 MAIN ST (2) Change RA and/or RO Address: | | | | | PM Recei |
| VIOLA, ID 8 | 3872 | | | | ived |
| | Note: The Re | gistered Office address must be a ph | ysical Idaho ad | dress (no postal box). | λq |
| (3) New Reg | istered Agent (RA) Sigr | | n item (2) above | the new agent must sign here to accept the appointi | nent H |
| | s: Enter names and business a | addresses (with zip code) of the Preside | nt, Vice Preside | nt, Secretary, Treasurer. | 22 00 |
| Title | Name | Business Address | | City, State, Zip | ัด |
| Presedent Richard Hallisy | | - | rive | bewiston Id \$3501 | |
| Vice Preside | | PO Box 315 | | sagle Id 83860 | ct B3 |
| Sesseting | 7 | Big Bear Ad | | Troy Id 83891 | TI C |
| Tressaver | | - | | Troy 12 83871 | <u> </u> |
| | ectors names and business ad | Idresses (with zip code). Attach addition | ial sheet if nece | | O |
| Name | | Business Address | | City, State, Zip | |
| Richar | & Hallisy | 2005 Broduler 1 | Trive | Lewiston It 83501 | <u> </u> |
| Eg Yir | | P.O. B # 315 | | Jayle IL 83860 Tray IL 83871 | <u> </u> |
| | Banks | Big Boar &d. | Big Bear Id. | | - 0 |
| deel warner F | | PO BOX 752 | | Troy IL 83891 | |
| James | < Hagedorn | 1008 Main 5T | | 1/10ha Id 83872 | |
| | | | | | 0 0 |
| L | | | | | 7 |
| (5) Signature: | Allo | | (6) Date: | 3/16/20 | |
| (7) Type/Print N | ame: James Hag | eLovN | (8) Title: | Registered AGENT Direc | |

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