

## **Idaho Corporation Annual Report Form**



Idaho Corporation Annual Report Form  File online at: sosbiz.idaho.gov					B0788	
	Return completed for Idaho Secretary of State	-		For Office Use Only		
	Attn: Annual Reports				<u>ω</u>	
TOTAL STATE OF THE	450 North 4th Street Boise, ID 83720			File #: 0005168150	2	
	Phone: (208) 334-2300			Date Filed: 3/27/2023 10:36:00 AM	್ಷ	
Annual	Report: No filing fee	if received by the due date		Due no later than: 04/30/2023	27/	
SOS Control Number: 178150 Filing Status: Active-Good Standing					2	
Non-Profit Corp	oration (D)	Date Formed: 04/27/	1977 Forma	ation Locale: ID	23	
Name and Mailing Address:  AVERY CITIZEN'S COMMITTEE, INC.  PO BOX 143  AVERY, ID 83802-0143						
					ΔM	
Registered Agent (RA) and Registered Office (RO) Address:  SHEILA COTTIER  (2) Change RA and/or RO Address:					1 <sub> </sub> Rece	
SHEILA COTTIER  70 SWIFTWATER DR  NVERY ID 22202					O Q	
AVERY, ID 83802						
	•		Avery	Idaho 93802	ived	
Note: The Registered Office address must be a physical Idaho address (no postal box).						
(3) New Regist	(3) New Registered Agent (RA) Signature: Landa Signature					
If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.						
(4) Corporations: E	Enter names and business ad	dresses (with zip code) of the Presi	ident, Vice President, Sec	eretary, Treasurer.	— <u>H</u>	
	Name	Business Address		City, State, Zip	_7	
Gen Pres. Vice Pres Sec Tria	Gene Rasmu Ken Muell Sanda Piccir	er. HIO Depot A ini HIO Depot 1	Road Road  Linnal sheet if necessary	Avery Idaho 8380 Avery Idaho 8380 Avery Idaho 83802	4	
(5) Board of Directors names and business addresses (with zip code). Attach additional sheet if necessary.  Name  Business Address  City, State, Zip						
Brad U	oung	t \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	530	Avery Idaho 8380	ᆲ	
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(5) Signature: Sando Succinina (6) Date: 3 24 23						
(7) Type/Print Name: Sanda Pickinini (8) Title: Secretary - Treasuru					 	
Instructions: Leg	jibly complete the form above	e. Sign and date this form and retur	n to the address provided	above.	Stat	
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