



Idaho Corporation Annual Report Form

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Return completed form within 30 days to:

Idaho Secretary of State Attn: Annual Reports

| Due no later than: 11/30/2021 | | | | Attn: 450 (| Attn: Annual Reports 450 North 4th Street | |
|--|--------------------------------------|--------------|-------------------------------------|---------------------|---|--------------|
| Annual Report: No filing fee if received by the due date. Boise, ID 83720 Phone: (208) 334-2300 | | | | | | 01/2 |
| SOS Control | Number: 373414 | | Filing Status: Active-Good | _ | | 0 2 |
| Non-Profit Corporation (D) | | 1 | Date Formed: 11/24/1997 F | | nation Locale: ID | |
| Name and Mailing Address: CAPITOL POST NO. 136 THE AMERICAN LEGION, INCORPORATED PO BOX 8495 BOISE, ID 83707-2495 | | | | | | 9:35 AM |
| | | | | | | |
| Registered Agent (RA) and Registered Office (RO) Address: WAYNE D. MITCHELL 2272 S SHOSHONE ST-APT-804 BOISE, ID 83705 (ADA COUNTY) | | | | | | Received |
| (3) New Regi | Note: The F stered Agent (RA) Sig | | Office address must be a physic | _ | s (no postal box). w agent must sign here to accept the | B appointman |
| (4) Corporations: | : Enter names and busines | s addresses | (with zip code) of the President, ' | | | U D |
| Title | Name | | Business Address | | City, State, Zip | |
| Commanden | WAYNED, M. | +ch-11 | 1 22725. Shochare | 57 | Bris- Id. 8376 | |
| 16TVICE | | | 65 Reregaine DR. | | Boisa Id. 82705 | <u> </u> |
| and Vica | Woody Jones | | 24015. OWYLEST | | Boise Id. 8370 | |
| TZCASUL- | woody Jones | | 24015. ow/her | | Boise Id. B37 | 15 0 Hi |
| | ectors names and business | addresses (v | vith zip code). Attach additional s | sheet if necessary. | | |
| Name Bo | | Busin | usiness Address | | City, State, Zip | Ω d |
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| (5) Signature: | Vagher S. M | zith | 200 | (6) Date: // - | 15-2021 | 1Ce |
| (5) Signature: Wayse D. M. fohell (8) Title: Commander | | | | | | Dei |
| Instructions: I | egibly complete the form at | ove Signe | nd date this form and return to th | a addrace provida | d ahove | ַ המני |