



Idaho Corporation Annual Report Form

File online at: sos.idaho.gov

Due no later than: 02/28/2020

	ш
	2
	4
	N
	ω
	ı
	9
	∞
Return completed form within 30 c	<u>, , , , , , , , , , , , , , , , , , , </u>
Return completed form within 30 (Jays to

2

Idaho Secretary of State Attn: Annual Reports 450 North 4th Street

Annual Report: No filing	fee if received by the due date.	450 North 4th Street Boise, ID 83720	1/27/
		Phone: (208) 334-2300	
SOS Control Number: 466045	Filing Status: Active-Good	•	202
General Business Corporation (D)	Date Formed: 02/26/2004	Formation Locale: ID	
Name and Mailing Address: PROFESSIONAL PUMP SERVICE	= INO	(1) Add or Change Mailing Address:	4:
535 JACKSON ST	= INC.		10
TWIN FALLS, ID 83301-3907			שי
			PM
Registered Agent (RA) and Regis	stered Office (RO) Address:	(2) Change RA and/or RO Address:	R e c e
MICHELLE S PARK 535 JACKSON ST			
TWIN FALLS, ID 83301			ived
			μ
Note: The	Bogintary Office address would be a subject		ž
	Registered Office address must be a physic	cai idano address (no postai box).	Ħ
(3) New Registered Agent (RA) S		em (2), as one, the new agent must sign him ended only	_
(4) Corporations: Enter names and busine	ess addresses (with zip code) of the President, '	······································	the appointmn P
Title Name	Business Address	City, State, Zip	
Resident Philip W.	PARK POBOX 117	Goodina 10	83830
Carp Soc/Tres Michelle S	. PARK 535 JACKSON	Street Twin Falts 10	83301
			<u> </u>
(5) Board of Directors names and business	s addresses (with zip code). Attach additional s	sheet if necessary	0 Hi
Name	Business Address	City, State, Zip	20
Philip W. PARK	PO Box 117	Goodina 10	83730
Michelle S. PARK	535 JACKSON St	reet Twin FAILS ID	83701
			10 .
			<u>p</u>
			<u> </u>
			<u>7</u>
(5) Signature: Michelle	S. Parle	(6) Date: /- 23 - 2020	nce
(7) Type/Print Name: Michelle	- S. PARK	(8) Title: Caro Soc / Tres	De
Instructions: Legibly complete the form a	above. Sign and date this form and return to the		nne