



Idaho Corporation Annual Report Form

File online at: sosbiz.idaho.gov

Due no later than: 07/31/2021

Return completed form within 30 days to 1

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

| Annua | al Report: No filing fee | if received | by the due date. | Во | O North 4th Street ise, ID 83720 | 7 13 |
|---|-------------------------------|--|-----------------------------|---------------------|-------------------------------------|--------------------|
| SOS Control N | Number: 456868 | Filing | g Status: Active-Go | | one: (208) 334-2300 | |
| Non-Profit Corporation (D) | | | Formed: 07/28/200 | | mation Locale: ID | 7 |
| Name and Ma | iling Address: | <u> </u> | | (1) Add or Cha | (1) Add or Change Mailing Address: | |
| COCOLALLA | COWBOY CHURCH, IN | IC. | | | | • |
| | ALLA LOOP RD ID 83813-9620 | | | | | ū |
| COCOLALLA, | 1D 63613-9020 | | | | | 1 |
| Registered Agent (RA) and Registered Office (RO) Address: STEVE R BRADSHAW (2) Change RA and/or RO Address: | | | | | | 7 0 0 |
| 4281 COCOLALLA LOOP RD COCOLALLA, ID 83813 | | | | | | ; < 0 £ |
| , | Note: The Re | gistered Office | address must be a phy | sical Idaho addre | ess (no postal box). | ` t |
| (3) New Regis | stered Agent (RA) Sign | | | | | |
| | | · | | | new agent must sign here to acce | pt the appointment |
| | Enter names and business a | | | t, Vice President, | | |
| Title | Name | | usiness Address | | City, State, Zip | <u> </u> |
| PRES. | CINDU BEAD | | 1881 COCOLALI | 1/A Loop | CocolAllA IP | <u> </u> |
| V. PAES | GALY CESS | NA 1 | 477 FISHC | LEEK RO. | Cocolalla ID. | 85813 |
| SEC. | RUSTY CESS | NA | 9984 LAMSO | N LANE | HAYEN, IDA | #D 83835 |
| (5) Board of Direct | ctors names and business add | dresses (with z | ip code). Attach additiona | al sheet if necessa | ry. | |
| Name | | Business | Address | | City, State, Zip | |
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| S | F B. (| $2\mathcal{L}$ | | _ | | 0 |
| (5) Signature | Dell Misso | Thu | | (6) Date: | 7-10-202 | -/ (|
| (7) Type/Print Nar | ne STEVE BR | AD5HA | 4ω | (8) Title: | RESIDENT /SK | PASTOR. |
| Instructions: Le | egibly complete the form abov | e. Sign and da | ate this form and return to | the address provi | | <u> </u> |