



## **Idaho Corporation Annual Report Form**

File online at: SOSBIZ.idaho.gov

Due on/Before: 08/31/2018

Reporting Year: 2019

Annual Penort: No filing fee if received by due date

Return completed form within 30 days to Idaho Secretary of State Attn: Annual Reports 700 West Jefferson, E205

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SOS Control Number: 297331 Filing Status: Active-Good Standing Non-Profit Corporation (D) Date Formed: 08/01/1991 Formation Locale: ID  Name and Mailing Address: ECHO BAY ROAD IMPROVEMENT ASSOCIATION, INC. 6192 PANORAMA VIEW DRIVIE HARRISON, ID 83833 HACTISEN, ID 83 833  Registered Agent (RA) and Registered Office (RO) Address:  JAMES WAYTON 6192 PANORAMA VIEW DR HARRISON, ID 83833  Note: The Registered Office address must be an Idaho address.  (2) Change RA and/or RO Address:  Terry Simoni Short Echo Bay Drive Hacrisen, ID 83833  Note: The Registered Office address must be an Idaho address.  (3) New Registered Agent (RA) Signature:  If a new agent is appointed in item (2) abovy, the new agent must sign here to accept the appointment.  (4) Corporations: Enter names and business addresses (with zip code) of the President, Vice President, Secretary, Treasurer.	If reinstatement is required, the reinsta	·	450 North 4th Street Boise, ID 83702 Phone: (208) 334-2300	2019
Registered Agent (RA) and Registered Office (RO) Address:  JAMES WALTON 6192 PANORAMA VIEW DR HARRISON, ID 83833  Registered Agent (RA) and Registered Office (RO) Address:  JAMES WALTON 6192 PANORAMA VIEW DR HARRISON, ID 83833  Note: The Registered Office address must be an Idaho address.  (3) New Registered Agent (RA) Signature:  If a new agent is appointed in item (2) abovy, the new agent must sign here to accept the appointment.  (4) Corporations: Enter names and business addresses (with zip code) of the President, Vice President, Secretary, Treasurer.  Title Name  Business Address  (5) Name Road Improve ment Association, Record Improve ment Associa				2:0
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Title Name Business Address City, State, Zip	(3) New Registered Agent (RA) Signa If a new agent is app	ture: Les Line pinted in item (2) above, the new agent must s	GOVU Ign here to accept the appointment.	D Secr
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cound'Alene 10 83814 Balakrish nan 16740 N. Souding Loop # 104 Coeurd'Alene 10 83815 (5) Board of Directors names and business address (with zip code). Attach additional sheet if necessary. Ø Name **Business Address** City, State, Zip aver (5) Signature: (6) Date: Ð U U Instructions: Legibly complete the form above. Enclose a check made payable to the Idaho Secretary of State for \$30 if reinstating. Sign and date this form and return to the address provided above.