



Idaho Corporation Annual Report Form

					\ \ \
					21
					9
	Idaho Corporation Annual Report Form				2 0
	File online at: SOSE	BIZ.idaho.gov		Return completed form wit	hin 30 days to <mark></mark> ∭
1010	Due on/Before: 02/28	3/2019 Report	ting Year: 2018	Idaho Secretary of State Attn: Annual Reports	2
Annual Reno	ort: No filing fee if re	reived by due date		450 North 4th Street	14
If reinstatement is required, the reinstatement fee is \$30.00.				Boise, ID 83702 Phone: (208) 334-2300	2
SOS Control Number: 434839 Filing Status: Active-Good Standing					
Non-Profit Corp		Date Formed:		Formation Locale: ID	20
		Date i offfied.		Torriador Locale. 1D	
Name and Mailing Address: (1) Add or Change Mailing Address:					
RATHDRUM GRANGE #351, INC.					
5519 W TWIN LAKES AVE RATHDRUM, ID 83858					
KATHUKUWI, I	D 03030				ω
					AM
Registered Agent (RA) and Registered Office (RO) Address: (2) Change RA and/or RO Address:					
JOE L AXTELL					
5519 W TWIN LAKES AVE					
RATHDRUM, ID 83858					
					Received
Note: The Registered Office address must be an Idaho address.					
(3) New Pagistered Agent (PA) Signature:					
If a new agent is appointed in item (2) above, 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 A		City, State, Zip	G
2 5		pane - com	win hope		SES VI
Secentary Vena Winger 47145 Winger Hill Coe und Kla redder817					
120510	1045 B	RCEN 47 14	-5 Werd Wa	Th 125 1 701 I	1 2888 h
(5) Board of Directors names and business address (with zip code). Attach additional sheet if necessary.					
Name		Business Address		City, State, Zip	H ₁
	(1)		win Gad Qu		IN GREEN
re no	3. 4-D-15-PV	$1 \sim 2$	Wengenth	. 1	28/4 0
A C. II.	Thrusto	K Bo	77	VSbirt	<u> </u>
(5) Signature:	Son God	180	(6) Date:	2/20/19	Lawe
(7) Type/Print Nam	ne: 8/00.4	Lextel)	(8) Title:	Waston for	ورم أ

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.