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## **Idaho Corporation Annual Report Form**

File online at: sosbiz.idaho.gov

## Return completed form within 30 days to:

Idaho Secretary of State Attn: Annual Reports 450 North 4th Street Boise, ID 83720

Phone: (208) 334-2300

Annual Report: No filing fee if received by the due date.

For Office Use Only

## -FILED-

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| SOS Control Number: 180746  |                                 |                                       | Filing Status: Active-Good Standing |                   |  |  |
|---|---------------------------------|---------------------------------------|-------------------------------------|-------------------|--|--|
| General Business Corporation (D)  |                                 | D                                     | ate Formed: 09/07/1977              | ' Fo              | rmation Locale: ID                                 |  |
| ICHABOD'S<br>PO BOX 11  |                                 |                                       |                                     | (1) Add or Ch     | ange Mailing Address:                              |  |
| Registered Agent (RA) and Registered C<br>Robert F Harris<br>531 BRENDA LN<br>CASCADE, ID 83611 |                                 |                                       | ffice (RO) Address: (2) Change R    |                   | A and/or RO Address:                               |  |
|   |                                 |                                       |                                     |                   |  |  |
|   |                                 |                                       | fice address must be a phys         | ical Idaho addr   | ess (no postal box).                               |  |
| (3) New Re  | gistered Agent (RA) Sigr        | ature:                                | If a new agent is appointed in it   | tem (2) above the | new agent must sign here to accept the appointment |  |
| (4) Corporatio  | ns: Enter names and business a  | addresses (v                          |                                     |                   |  |  |
| Title   | Name                            | · · · · · · · · · · · · · · · · · · · | Business Address                    |                   | City, State, Zip                                   |  |
| PRES  | ROBERT F HAR                    | PRIS                                  | 531 BRENCA                          | 6n                | CASCADE TOMO 836                                   |  |
| (5) Board of D  | Directors names and business ad | dresses (wit                          | th zip code). Attach additional     | sheet if necessa  | ary.   |  |
| Name  |                                 | Busine                                | siness Address                      |                   | City, State, Zip                                   |  |
|   |                                 |                                       |                                     |                   |  |  |
|   |                                 |                                       |                                     |                   |  |  |
|   |                                 |                                       |                                     |                   |  |  |
|   |                                 | _                                     |                                     |                   |  |  |
|   |                                 |                                       |                                     |                   |  |  |
| (5) Signature:  | Rut / X                         | len                                   | _                                   | (6) Date:         | 9-5-23   |  |
| (7) Type/Print  | Name: ROBERT                    | FHA                                   | RAIS                                | (8) Title:        | 9-5-23<br>PRESIDENT                                |  |

Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.