



## **Idaho Corporation Annual Report Form**

File online at: sosbiz.idaho.gov

Due no later than: 08/31/2022

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

For Office Use Only

Return complete - Substitution 30 days to:

Idaho Secretary o - FILED
Attn: Anneal Reserve

Attn: Ann File #: 0004829363

450 North 4th Street
Date Filed: 7/22/2022 9:39:00 AM
Boise, ID 00/20

			Ph	one: (208) 334-2300	<del></del>
SOS Contro	l Number: 271723	Filing Status: Active-G	Filing Status: Active-Good Standing		
Non-Profit Corporation (D)		Date Formed: 08/15/19	Date Formed: 08/15/1988 Fo		22
	/lailing Address:		(1) Add or Cha	ange Mailing Address:	9
HARBOR IS ASSOCIATION	LAND PROPERTY OWN	NERS COOPERATIVE			 ധ
5974 W HAF					
COEUR D A	LENE, ID 83814-9727				AM
					<del>70</del>
Registered Agent (RA) and Registered Office (RO) Address: (2) Change RA and/or RO Address:					D
MARY NELS					Ce i
5974 W HARBOR DR COEUR D ALENE, ID 83814					iVe
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	Note: The Re	egistered Office address must be a ph	ysical Idaho addre	ss (no postal box).	·
(3) New Reg	istered Agent (RA) Sig	nature:			U
(4) Corporation	o: Enter names and business	If a new agent is appointed in	n item (2) above, the i	new agent must sign here to accept	the appointment <b>O</b>
Title	Name	ter names and business addresses (with zip code) of the President,  ame  Business Address		City, State, Zip	
1100	Traine .	Dusiness Address		Oity, State, Zip	- <u>0</u>
					<u>g</u>
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(5) Board of Dir	rectors names and business or	ddrossos (with zip oods). Attach addition	al shoot if no socoon		<del></del>
(5) Board of Directors names and business addresses (with zip code). Attach additional sheet if necessary.  Name  City, State, Zip					H
DE BBI	E. HALLECI	R 6038 N. HARB	IR DR	City, State, Zip	\$\frac{1}{3}(\frac{10}{9})(2)
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BOB,	ELLIS	4721 W. HAKE	OK PK	COH, IS	<i>328/4</i> m
N= 12	HOMME!	1.182 b) HORED	O DR	1000 1D	<del>828/16</del>
(5t	CRETARY	0180 10, 717/7 001			0.001 E
MARY	NELSON	5974 W. HARI	OR DK	CDA 1D	830/1
116	TREASURER,	man I has	_	2 (() (2)	, ü
(5) Signature—		May Claro	(6) Date:	-18-23	<u>Q</u>
(7) Type/Print Name: MPRY NKh Son (8) Title: TREASURER					
Instructions	Legibly complete the form she	wa. Sign and data this form and return to		lad abava	Ξ