



# Idaho Corporation Annual Report Form

File online at: [sosbiz.idaho.gov](http://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

For Office Use Only

**-FILED-**

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

SOS Control Number: 480422

Filing Status: Active-Good Standing

General Business Corporation (D)

Date Formed: 01/10/2005

Formation Locale: ID

**Name and Mailing Address:**

(1) Add or Change Mailing Address:

ROSA'S INC.  
PO BOX 555  
WILDER, ID 83676-0555

**Registered Agent (RA) and Registered Office (RO) Address:**

(2) Change RA and/or RO Address:

MARIA ROSA OVIEDO  
204 3RD ST  
WILDER, ID 83676

Note: The Registered Office address must be a physical Idaho address (no postal box).

**(3) New Registered Agent (RA) 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 Address | City, State, Zip   |
|-----------|-------------------|------------------|--------------------|
| president | MARIA ROSA OVIEDO | 204 3rd Street   | WILDER IDAHO 83676 |
|           |                   |                  |                    |
|           |                   |                  |                    |

(5) Board of Directors names and business addresses (with zip code). Attach additional sheet if necessary.

| Name | Business Address | City, State, Zip |
|------|------------------|------------------|
|      |                  |                  |
|      |                  |                  |
|      |                  |                  |
|      |                  |                  |
|      |                  |                  |
|      |                  |                  |

(5) Signature:

*Rosa Oviedo*

(6) Date:

01/10/24

(7) Type/Print Name:

ROSA OVIEDO

(8) Title:

President

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

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