



## **Idaho Corporation Annual Report Form**

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Idaho Corporation Annual Report Form				ω
File online at: SOSBIZ.idaho.gov		Idaha	Return completed form within 30 days to	
Due on/Before: 11/30/2018 Reporting Year: 201		Attn:	Annual Reports	10
Annual Report: No filing fee if received by due date.			Vest Jefferson, E205 Orth 4th Street	Z
If reinstatement is required, the reins		, ID 83702	<u>~</u>	
		Phone	e: (208) 334-2300	2
SOS Control Number: 137115 Filing Status: Active-Good Standing				
Non-Profit Corporation (D)	Date Formed: 11/20/1969	Form	nation Locale: ID	œ
Name and Mailing Address: (1) Add o			e Mailing Address:	2
PARK ADDITION TO ROCKFORD BAY SUMMER HOMES, INC.				
518 N WILLOW RD			ص	
SPOKANE VALLEY, WA 99206				A
Registered Agent (RA) and Registered Office (RO) Address: (2) Change RA and/or RO Address:				<u>0</u>
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2063 E LOCH HAVEN DR			4 C KANE	<u>+</u>
HAYDEN, ID 83835			4 C KANE W BOUTWELL DRY d'AIENE 10 83814	ceived
		C. CEONE	1 11/202 10 00014	
			Control of the Contro	λq
Note: The Registered Office address must be an Idaho address.				
(3) New Registered Agent (RA) Sign		manana ang aga tao magana ang ang ang ang ang ang ang ang an		Ð
If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.				<u>0</u>
(4) Corporations: Enter names and business addresses (with zip code) of the President, Vice President, Secretary, Treasurer.  Title Name Business Address City, State, Zip				유
PRES NEAL WHEE		4	GREENACHES WA 990	_
	RENDY 50015 DEAKB			32
	ANSON 518N Willow	Rd	Spokane Valley WA 99	120
TREASUREA BILL KERLE	4 443 W 22nd	AUE	Spokane WA' 99203	<del></del>
(5) Board of Directors names and business address (with zip code). Attach additional sheet if necessary.				
Name	Business Address		City, State, Zip	<u></u>
TIM KAWE	6807 W BOUTWE	ell Dry	COEUR OF ALENE 10 8	387
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	.) 1			awer
(5) Signature: Barbara ( Swanson ) (6) Date: 10-16-2018				
(7) Type/Print Name: [Kaphara 4] (201) Son) (8) Title: Sears Tapil				
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.				