



## **Idaho Corporation Annual Report Form**

	•	on Annual Report Form		80506 - 688 2
	File online at: sosbiz.idaho.gov		Return completed form within 30 da Idaho Secretary of State	iys to: N
	Due no later than: 06/30/	2020	Attn: Annual Reports	9
			450 North 4th Street	2
Annu	al Report: No filing fee	If received by the due date.	Boise, ID 83720 Phone: (208) 334-2300	<b>[2</b>
COC Control	Number: 382015	Filing Status: Active-Good		N
Non-Profit Co		Date Formed: 06/30/1998	Formation Locale: ID	2 2 2
	· · · · · · · · · · · · · · · · · · ·		(1) Add or Change Mailing Address:	 
LITTLE COUNTRY VILLAGE HOMEOWNERS ASSOCIATION INC				
7 182 COUNTRY LANE LOOP PAYETTE ID 83661				25
PAYETTE, ID	83661-2666		17(121721D 03001	AM
		,		≥ ∇
Registered Agent (RA) and Registered Office (RO) Address: (2) Change RA and/or RO Address:				
PAM GAMB		:	(2) Change RA and/or RO Address:	Ceive
140 COUNTRY LANE LOOP				ÍΥ
PAYETTE, ID	83661			e A
				Уч 1
Note: The Registered Office address must be a physical Idaho address (no postal box).				
(2) MeM Keği	afatan yaatir (kw) sigua		n (2) above, the new agent must sign here to accept the appoin	
(4) Corporations: Enter names and business addresses (with zip code) of the President, Vice President, Secretary, Treasurer.				
Title	Name	Business Address	City, State, Zip	
Pres.	Pam Gamb	140 Country Lone	Loop Payote ID 831661	O O
V. Pres	Hugh Homan	1.0		/ ar
Secr	Father Stove	1 1 1 1	e obj Payete ID 8366/	
(5) Board of Directors names and business addresses (with zip code). Attach additional sheet if necessary.				
Name	And for	Business Address 147		۰ ۱
Either	Stover seen	Servicen Has Count	1000	6bl o
Bob Stec		132 Country Lave 1	DOP HAVELLE, OFD 83661	<u>e</u> , 1 4
Kris R	objects, Director	129 Country Lane 1	DON Kystle ID 8366	2/ Ct
Hugh 1	toman Oirector	139 Country Lane	rop Payette, ID 836	6/
Janic	e Ladjey Director	138 Country Lane	Loop Paljette TD \$36	
Patricia Gartar Director 127 Country Lane Loop Patricté ID 9366/				
(5) Signature: F. Robert Stanley (6) Date: June 8, 2070				
(7) Type/Print Name: Bob Steckley (8) Title: Treasurer				
Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.				
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