



# Idaho Corporation Annual Report Form

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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-**

File #: 0006214689

Date Filed: 4/21/2025 11:11:00 AM

Due no later than: 04/30/2025

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

SOS Control Number: 178114

Filing Status: Active-Good Standing

General Business Corporation (D)

Date Formed: 04/26/1977

Formation Locale: ID

**Name and Mailing Address:**

MARRS MANUFACTURING JEWELERS, INC.

STE B

9225 W CHINDEN BLVD

BOISE, ID 83714-1533

(1) Add or Change Mailing Address:

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

WILLIAM J MARRS

9225 W CHINDEN BLVD STE B

BOISE, ID 83714

(2) Change RA and/or RO Address:

Charles J Marrs  
9225 W Chinden Blvd STE B  
Boise Id, 83714

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      | Charles Marrs | 9225 W Chinden Blvd Ste B | Boise ID 83714   |
| Vice President | Sara Marrs    | 9225 W Chinden Blvd Ste B | Boise ID 83714   |
|                |               |                           |                  |
|                |               |                           |                  |

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

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

(5) Signature:

(6) Date:

(7) Type/Print Name:

(8) Title:

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

B1003-2251 04/21/2025 11:11 AM Received by Office of the Idaho Secretary of State