



Idaho Corporation Annual Report Form

File online at: SOSBIZ.idaho.gov

Due on/Before: 01/31/2019

Reporting Year: 2018

| Annual Re | port: No | filing fo | ee if | received | by due | date. |
|--------------|------------|-----------|-------|-----------|---------|-------------|
| If reinstate | ment is re | auired. | the r | einstatem | ent fee | is \$30.00. |

Return completed form within 30 days to Idaho Secretary of State Idaho Secretary of State Attn: Annual Reports 450 North 4th Street Boise. ID 83702 Phone: (208) 334-2300

| SOS Control Number: | 184012 |
|------------------------|------------|
| General Business Corpo | ration (D) |
| Name and Mailing Add | ress: |
| SUN VALLEY FARMS, I | NC. |

ntrol Number: 184012

Filing Status: Active-Good Standing

Date Formed: 01/27/1978

Formation Locale: ID

02/20/2019

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Received

Secretary o

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22640 ALLENDALE RD **WILDER, ID 83676**

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

EARL L KELLEY 22640 ALLENDALE RD **WILDER, ID 83676**

(2) Change RA and/or RO Address:

(1) Add or Change Mailing Address:

Note: The Registered Office address must be an Idaho address.

| (3) | New | Regist | tered | Agent | (RA) | Signa | ture: |
|-----|-------|--------|-------|-------|-------|--------|-------|
| 131 | IACAA | Neula | LCICU | Aucii | 11101 | Jiulia | LUIC. |

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 | JERRY KELLEY | 1301/ AllENANIE Rd | Wilder 1d 83676 |
| Vice Pres | DEAN KEILEY | 24727 RED TOP BO | Wilder Id 83176 |
| Secretary | For/ L KELLEY | 22 LUO DIENDOJE RO | Wilder 1d 83676 |
| , | | | |

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

| Name | | Business Address | | City, State, Zip | 72 |
|---------------|-----|------------------|-------------|------------------|----------|
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| | | | | | - n |
| | | / Q | | | <u> </u> |
| (5) Signature | | tollon | (6) Date: | 7-12-2019 | (E) |

(7) Type/Print Name:

(8) Title:

Instructions: Legibly complete the form above. Enclose a check made payable to the Idaho Secretary of State for \$30 ff reinstating. Sign and date this form and return to the address provided above.