



Idaho Corporation Annual Report Form

File online at: SOSBIZ.idaho.gov

Due on/Before: 02/28/2019

Reporting Year: 2018

| Annual Report: No filing for | ee if received by due date. |
|------------------------------|-------------------------------|
| If reinstatement is required | the reinstatement fee is \$30 |

Return completed form within 30 days to

Idaho Secretary of State Attn: Annual Reports 450 North 4th Street Boise, ID 83702

Phone: (208) 334-2300

| <u> </u> | | |
|--------------------|--------|-------------|
| SOS Control Number | 267178 | Filing Stat |

Non-Profit Corporation (D)

Filing Status: Active-Good Standing

Date Formed: 02/03/1988

Formation Locale: ID

CORVETTES OF SOUTHEAST IDAHO, INC.

4224 CHRISTY LN AMMON, ID 83406 (1) Add or Change Mailing Address:

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

RANDALL SMITH 4224 CHRISTY LN **AMMON, ID 83406** (2) Change RA and/or RO Address:

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

| (3 |) New | Registered | l Agent (| RA) | Signature: |
|----|-------|------------|-----------|-----|------------|
|----|-------|------------|-----------|-----|------------|

(4) Corporations: Enter names and business addresses (with zip code) of the President, Vice President, Secretary, Treasurer.

If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.

Business Address City, State, Zip Title Name

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

| Name | Business Address | City, State, Zip | |
|------|------------------|------------------|--|
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(7) Type/Print Name:

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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.