



Idaho Corporation Annual Report Form

File online at: sosbiz.idaho.gov

Due no later than: 06/30/2021

Return completed form within 30 days to:

Idaho Secretary of State Attn: Annual Reports 450 North 4th Street

Ann	ual Report: No filing (ee if receiv	ed by the d	ue date.	П в	50 North 4th Street oise, ID 83720 hone: (208) 334-2300	1/25/2
SOS Control Number: 108477 F			iling Status:	Active-Good	Standing		202
Non-Profit Corporation (D)			ate Formed:	06/01/1960	Fo	ormation Locale: ID	Ä
Name and Mailing Address:					(1) Add or Cl	nange Mailing Address:	1
CRANKERS, INC. (THE) PO BOX 442							12
	ID 83501-0442						
,							PM
							<u> </u>
Registered A	Agent (RA) and Regis	e (RO) Addr	ess:	(2) Change F	RA and/or RO Address:		
1901 17TH A						Ϋ́	
LEWISTON,						ceived	
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	Note: The	Registered Of	fice address m	ust be a physic	cal idaho add	ress (no postal box).	κ.
/3\ New Ren	istered Agent (RA) Si						Ħ
(o) item iteg	istered Agent (IVA) Si	giiatui e	If a new agent i	s appointed in ite	ın (2) above, the	e new agent must sign here to accept th	e appointn en t.
(4) Corporation	s: Enter names and busines	s addresses (v	vith zip code) of	the President,	vice President	Secretary, Treasurer.	O Q
Title	Name		Business A	Address		City, State, Zip	rj O
fres	Pat Emeric		FO BOX	442		Lewiston ID	8350
V Pres) j	<u>u</u>		11	(/ 5
Sec/Trea	s Roseann F	<u>Kowden</u>	- 11	11		<u> </u>	<u>,,,,<</u>
(5) Board of Dir	rectors names and business	addresses (wit	I th zip code). At	tach additional s	heet if necess	arv.	<u>O</u>
Name		ess Address			City, State, Zip	Ø	
Rich 1	Morgan	PM	BOX 6	142		Lewiston	D 83001
Gale Wilson							(t
Tom Lightfield							
Frank Johnson							_/ <u>\</u>
Pat I	Emerich)))	5 \$	
							<u>\</u>
							<u>@</u>
(5) Signature:	Loseann	tou	rden		(6) Date:	5/22/2021	O
(7) Type/Print N	ame: Roseann	Roi	uden		(8) Title: S	ec/Dreas.	
Instructions:	Legibly complete the form a	bove. Sign and	d date this form	and return to th	e address prov	/ vided above.	nne