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Idaho Corporation Annual Report Form

File online at: sosbiz.idaho.gov

Due no later than: 07/31/2021

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

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

SOS Control Number: 621415

Filing Status: Active-Good Standing

Non-Profit Corporation (D)

Date Formed: 07/06/2015 Formation Locale: ID

Name and Mailing Address:

(1) Add or Change Mailing Address:

TERRY REILLY FOUNDATION, INC.

PO BOX 9

NAMPA, ID 83653-0009

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

(2) Change RA and/or RO Address:

HEIDI HART 211 16TH AVE N NAMPA, ID 83687

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	e, Zip	
CEO FOUNDATION CHAIR FOUNDATION VICE-CHAIR		HEIDI HART RICHARD GARDNER ROSIE DELGADILLO	POST OFFICE BOX 9 POST OFFICE BOX 9	NAMPA, ID NAMPA, ID	USA USA	83653-0009 83653-0009	-
FOUNDATION SEC.	TREAS.	REILLY ROBERT TIERNEY	POST OFFICE BOX 9 POST OFFICE BOX 9	NAMPA, ID NAMPA, ID	USA USA	83653-0009 83653-0009	-

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

Business Address		City, State, Zip	
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	(6) Date: S	1-9.2021	
	POST OFFICE BOX 9 POST OFFICE BOX 9 POST OFFICE BOX 9	POST OFFICE BOX 9 NAMPA, ID POST OFFICE BOX 9 NAMPA, ID POST OFFICE BOX 9 NAMPA, ID	POST OFFICE BOX 9 NAMPA, ID USA 83653-0009 POST OFFICE BOX 9 NAMPA, ID USA 83653-0009 NAMPA, ID USA 83653-0009 NAMPA, ID USA 83653-0009 NAMPA, ID USA 83653-0009

(5) Signature:	1 ide	(-h.	α
(7) Type/Print Name:	HEIDI HART		7

CEO/REGISTERED (8) Title: AGENT

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