



## **Idaho Corporation Annual Report Form**

File online at: sos.idaho.gov

Due no later than: 11/30/2019

## Return completed form within 30 days to:

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

| Annual Report: No filing fee if received by the due date.    |  |  |  | Boise, ID 83720<br>Phone: (208) 334-2300   |                                       |
|--|--|--|--|--|---------------------------------------|
|  |  | Filing Status: Active-Good Date Formed: 11/14/2002 | Standing Formation Locale: ID                    |  | ,<br>2020                             |
| Name and Ma  | iling Address:<br>RTAINMENT, INC.      | Date 1 office. 11/14/2002                          | (1) Add or Change Mailing Address:               |  |                                       |
| Registered Ag<br>BYRD GOLAY<br>3555 E 4000 N<br>KIMBERLY, ID |  | red Office (RO) Address:                           | e (RO) Address: (2) Change RA and/or RO Address: |  | PM Received                           |
|  |  |  |  |  | л<br>А                                |
| (3) New Regis  | Note: The Reg<br>tered Agent (RA) Sign | ature:  # a new agent is appointed in iter         |  | is (no postal box).<br>w agent mush and in the figure to enter the propositioner | IJ                                    |
| (4) Corporations:  | Enter names and business a             | ddresses (with zip code) of the President, V       | rice President, Se                               | cretary, Treasurer.  | <del>0</del>                          |
| Title  | Name                                   | Business Address                                   |  | City, State, Zip   | 7                                     |
| President  | Bly Golor                              | 3555E 4000   | $\mathcal{N}_{}$                                 | Kimberly Fdaho 83341   | # # # # # # # # # # # # # # # # # # # |
|  |  |  |  |  | <u>بر</u>                             |
| (5) Board of Direct  | tors names and business add            | dresses (with zip code). Attach additional si      | heet if necessary.                               |  | <del>0</del>                          |
| Name Busin   |  | Business Address                                   |  | City, State, Zip   | <u>v</u>                              |
|  |  |  |  |  | ct                                    |
|  |  |  |  |  | <u> </u>                              |
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|  |  |  |  |  | <del>_</del> ₹                        |
|  |  |  |  |  | 7                                     |
| (5) Signature:   | Brid Hol                               | low.   | (6) Date: //                                     | .30.2019   | Lawerence                             |
| (7) Type/Print Name: 13 yrd Golay (8)                        |  |  |  | ,30.2019<br>resident   | Ü                                     |
| Instructions: Le   | gibly complete the form abov           | e. Sign and date this form and return to the       | e address provide                                | d above.   | uud                                   |