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## **Idaho Corporation Annual Report Form**

File online at: SOSBIZ.idaho.gov

Due on/Before: 02/28/2019

Reporting Year: 2018

| nual Re | eport: | No filing | fee if | received | by due | date. |
|---------|--------|-----------|--------|----------|--------|-------|

If reinstatement is required, the reinstatement fee is \$30.00.

SOS Control Number: 482430 General Business Corporation (D) Filing Status: Active-Good Standing

Date Formed: 02/11/2005

Formation Locale: ID

Phone: (208) 334-2300

Idaho Secretary of State

Attn: Annual Reports 450 North 4th Street

Boise, ID 83702

Return completed form within 30 days to:

W

Received

W

Name and Mailing Address:

PLENTEOUS LIFE CORPORATION (THE)

225 N IOWA AVENUE PAYETTE, ID 83661

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

DONALD J STOWELL 225 N IOWA AVE PAYETTE, ID 83661

(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 Registered Agent (RA) Sign | nature: |
|------------------------------------|---------|
|------------------------------------|---------|

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

| Γitle   | Name                | Business Address | City, State, Zip |
|---------|---------------------|------------------|------------------|
| 90ES102 | AS CONALD ). STOVEN | 225 N. FORMAUE   | PAYETTE, TO 3501 |
|         |                     |                  |                  |
|         |                     |                  |                  |
|         |                     | -                |                  |

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

| Name  | Business Address   |                       | City, State, Zip                     | Q.       |
|---|--|-----------------------|--------------------------------------|----------|
| OpNAID J. TURE  | 225 N. IONA AVE  | ~ t                   | PAYETTE RP 83601                     | 0        |
| PATRICIA D. STOURA  | 17   |                       | 11                                   | 4        |
|   | Control of the second of the s |                       |                                      |          |
|   |  |                       |                                      | -5       |
| (5) Signature:  |  | (6) Date:             |                                      | 8        |
| (7) Type/Print Name:  |  | (8) Title: ARCS, DENT |                                      |          |
| Instructions: Legibly complete the form about Sign and date this form and feturn to the add |  | to the Idaho Secreta  | ry of State for \$30 if reinstating. | _0<br>00 |