



## **Idaho Corporation Annual Report Form**

File online at: sos.idaho.gov

Due no later than: 04/30/2019

## Return completed form within 30 days to:

Idaho Secretary of State Attn: Annual Reports 450 North 4th Street Boise, ID 83720

			450 North 4th Street Boise, ID 83720
Annı	ual Report: No filing t	ee if received by the due date.	Phone: (208) 334-2300
SOS Control Number: 339382		Filing Status: Active-Good Standing	
Non-Profit Co	orporation (D)	Date Formed: 04/07/1995	Formation Locale: ID
	lailing Address:		) Add or Change Mailing Address:
	IFE MINISTRIES OF I	DAHO, INC.	
	H 3700 EAST		i
KIMBERLY, I	ID 83341		
Registered A EDWIN S SM 3797 NORTH	<b>NITH</b>	tered Office (RO) Address:	(2) Change RA and/or RO Address:
KIMBERLY, I			
	Note: The	Registered Office address must be a phys	ical Idaho address (no postal box).
(2) Nove Dom			
(3) New Reg	istered Agent (RA) Si		em (2) above, the new agent must sign here to accept the appointment
(4) Corporations	s: Enter names and busines	s addresses (with zip code) of the President,	Vice President, Secretary, Treasurer.
Title	Name	Business Address	City, State, Zip
President	Edwin S Smith	3797 N 3700 E	Kimberly ID 83341
Vice Pres	Ivan L Smith	3797 N 3700 E	Kimberly ID 83341
Secretary Treasurer	Ivan I Smith Ivan L Smith	3797 N 3700 E 3797 N 3700 E	Kimberly ID 83341 — Kimberly ID 83341 —
Treasurer	I Van E Simu		
(5) Board of Dire	ectors names and business	addresses (with zip code). Attach additional	sheet if necessary.
Name		Business Address	City, State, Zip
Director	Diann J Smith	3797 N 3700 E	Kimberly ID 83341
		3797 N 3700 E	Kimberry ID 650 11
	- A		
(5) Signature:	Fran //m	w	(6) Date: 4-23-2019
(7) Type/Print Na		SMITH	(8) Title: VP/SFC/TRFS
(1) 13p3/1 my 10	IVAN L	7 (V ) F [7]	· Vy sky 182

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