

Idaho Corporation Annual Report Form

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For Office Use Only



Return completed form within 30 days to: Idaho Secretary of State

Attn: Annual Reports 450 North 4th Street Boise, ID 83720

-FILED-

B1003-2240

Stat

| • | | A. Kellar | (8) Title: Ca a | 1 + 1 | |
|---|-----------------------------|--|-------------------------|--|--|
| (5) Signature: 1/2 | elesa A. Ke | ella | (6) Date: Apr | 1 15 2025 1 TReas. | |
| | | | | | Secretary |
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| | | | | | —— <u>~</u> |
| | | | | | |
| | | | | | |
| Name B | | Business Address | | City, State, Zip | |
| | | esses (with zip code). Attach additional | | | ₩ —— |
| | | | | | Ž |
| Sec./TReas. | INCKESH H. | <u>Kellar 307 N. NVIILER</u> | Ave. Ne | ew Meadows, ID. 8365 | |
| PRES. V PRES | TheresAA. | <u>Keller 307 N. Miller</u> Keller 307 N. NVILLER | { ' | lew Meadows ID. 836. | |
| l | lame | Business Address | | ity, State, Zip | O |
| | nter names and business add | resses (with zip code) of the President, | Vice President, Secre | tary, Treasurer. | —————————————————————————————————————— |
| (3) New Registe | red Agent (RA) Signat | | em (2) above, the new a | gent must sign here to accept the appointmer | |
| | Note: The Regis | stered Office address must be a phys | ical Idaho address (n | o postal box). | ÅФ |
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| NEW MEADOW | S, ID 83654 | | | | ived |
| 307 N MILLER A | | | | | Ω Ω |
| Registered Age | | d Office (RO) Address: | (2) Change RA and | or RO Address: | 자 @ |
| | | | | | <u>A</u> |
| NEW MEADOW | S, ID 83654-0267 | | | | 7 |
| PO BOX 267 | | | | | 2 |
| Name and Mailin TRI K, INC. | ng Address: | | (1) Add or Change I | Mailing Address: | بر بر |
| General Business | s Corporation (D) | Date Formed: 05/28/1991 | | ion Locale: ID | |
| SOS Control Nu | mber: 295674 | Filing Status: Active-Goo | d Standing | | N |
| Annual Report: No filing fee if received by the due date. | | | | Due no later than: 05/31/2025 | |
| Phone: (208) 334-2300 | | | | Date Filed: 4/21/2025 11:07:00 AM | |
| ₹ 0 | Boise, ID 83720 | | | File #: 0006214408 | N 4/ |
| | 430 North 4th Street | | | l I | |

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