



## **Idaho Corporation Annual Report Form**

File online at: sosbiz.idaho.gov

Due no later than: 05/31/2020

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.		450 North 4th Street Boise, ID 83720 Phone: (208) 334-2300		
SOS Control Number: 304583		Filing Status: Active-Good	d Standing	020
Non-Profit Corporation (D)		Date Formed: 05/01/1992	Formation Locale: ID	2
Name and	Mailing Address:	,	(1) Add or Change Mailing Address:	
	INTBALL ASSOCIATION	, INC. (THE)		40
7130 W MCGLOCHLIN ST BOISE, ID 83709-5542				AM
BOISE, ID	03/09-0042	and the second second	en e	Z
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DOUGLAS	S CRAVEN CGLOCHLIN ST	ered Office (RO) Address:	(2) Change RA and/or RO Address:	ceived
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	Note: The F	Registered Office address must be a physi	cal Idaho address (no postal box).	Ħ
(3) New R	egistered Agent (RA) Sig	jnature:	60	_
(4) Compreti	iono: Ester semes and busines	s addresses (with zip code) of the President,	em (2) above, the new agent must sign here to accept the appoin	Q
Title	Name	Business Address	City, State, Zip	<u> </u>
SECRETA		LAVEN 1130 W. MCGLOC		- 1
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<u></u>				<del>- 4</del>
	Directors names and business	addresses (with zip code). Attach additional	<u></u>	<del>- 02</del>
Name /		Business Address	City, State, Zip	<u></u>
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L	(**)	<del>~</del>		awe ren ce
(5) Signature	Daughas	P Claven	(6) Date: H-25-20:	
(7) Type/Prin	t Name: DOW LAS	P. CRAVEN	(8) Title: PRESIDENT	Denne
Instruction	s: Legibly complete the form at	ove. Sign and date this form and return to the	ne address provided above.	He