



## **Idaho Corporation Annual Report Form**

File online at: sos.idaho.gov

Due no later than: 12/31/2019

## 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.			Phone: (208) 334-2300	18/
SOS Control Number: 32779 Non-Profit Corporation (D)		Filing Status: Active-Good Date Formed: 12/07/1908	I Standing Formation Locale: ID	2019
FIRST BAI PO BOX 2		IL	(1) Add or Change Mailing Address:	
BUHL, IU	83316-0247			AM Re
Registered MYRNA A 4260 N 150 BUHL, ID	BOWMAN 00 E	tered Office (RO) Address:	ffice (RO) Address: (2) Change RA and/or RO Address:	
(3) New Re	Note: The F	Registered Office address must be a physic	-	DI Aq
		If a new agent is appointed in ite	m (2) ahove, the new agent must sign here to accept the a	ppointment
	ons: Enter names and busines	s addresses (with zip code) of the President, \	/ice President, Secretary, Treasurer.	
Title	Name	Business Address	City, State, Zip	r
DIREC	TOR THYRNAA.	3000MAD 4260 N1500E	BUHC, ID 83316	<del>0</del>
TREASUREN GARY HARMS		1 2 1	BOHL JD 83316	
SECRETARY FRANK PEARS WHEE				
		HEELER   POBOX 133 addresses (with zip code). Attach additional s	heet if necessary	0-
Name		Business Address	City, State, Zip	<u> </u>
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(5) Signature:	Myrra AZ	em-	(6) Date: 20 NOV 19	nce
(7) Type/Print	Name: MYRNA A	BOWMAN	(8) Title: DIRECTOR	Ā
				Den

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