



(7) Type/Print Name:

## **Idaho Corporation Annual Report Form**

File online at: sos.idaho.gov

Due no later than: 07/31/2019

Annual Report: No filing fee if received by the due date.

## Return completed form within 30 days to:

Idaho Secretary of State Attn: Annual Reports 450 North 4th Street Boise, ID 83720 Phone: (208) 334-2300

| SOS Control Number: 635879<br>General Business Corporation (D)                                     |   |              | Filing Status: Active-Good Standing                                       |                                 |   |  |
|--|---|--------------|---|---------------------------------|---|--|
|  |   |              | Date Formed: 07/05/2018   | Formation Locale: ID            |   |  |
| CEDAR CREE   | illing Address:<br>EK CONSULTANTS, IN<br>EDAR CREEK LANDIN<br>83803 |              |   | (1) Add or Cha                  | inge Mailing Address:   |  |
| Registered Agent (RA) and Registered Of<br>DAVID HAUSSLER<br>514 FIR STREET<br>SANDPOINT, ID 83864 |   |              | fice (RO) Address:  | (2) Change RA and/or RO Address |   |  |
| (4) Corporations:  | etered Agent (RA) Sign  | nature:      | If a new agent is appointed in ite<br>s (with zip code) of the President, | em (2) above, the i             | new agent must sign here to accept the appointment<br>Secretary, Treasurer. |  |
| President  | Name DAVID HAUSSIE  |              | Business Address 5/4 Fix sTmc7  |                                 | City, State, Zip  |  |
|  |   |              | 317 // 3/102  |                                 | SAMPPOINT I'V BIRGY   |  |
| (5) Board of Direct  | tors names and business ad  | dresses (    | with zip code). Attach additional i                                       | sheet if necessar               | y.  |  |
| Name Bu  |   | Busi         | usiness Address   |                                 | City, State, Zip  |  |
|  |   |              |   |                                 |   |  |
|  |   | _            |   |                                 |   |  |
|  |   |              |   |                                 |   |  |
| . 4 T. *********************************   |   |              |   |                                 |   |  |
|  | AIA   | <del> </del> |   |                                 |   |  |
| ······································   | 1/1/1/1   | ク            |   |                                 |   |  |
| (5) Signature:   | 11 KH   | me.          |   | (6) Date:                       | 11-4-19   |  |

(8) Title:

PRESIDENT

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

DAVID HAUSSLER