



## **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:A Idaho Secretary of State

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

Annual Report: No filing fee if received by the due date.						Boise, ID 83720 Phone: (208) 334-2300		ř V
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				iling Status: Active-Good Standing ate Formed: 04/21/2005 Formation Locale: ID				(
General Business Corporation (D)				mea: 04/21/20		rmation Locale: ID		
	Mailing Address:				(1) A	Add or Cha	ange Mailing Address:	ı
	ESTATE PROPERTIES,						(	
2312 POLEI								(
TWIN FALL	S, ID 83301							
Registered	Agent (RA) and Registe	red Office	e (RO) A	Address:	(2) (	Change RA	A and/or RO Address:	
ALPHONSE R GAMACHE					. ,	·		
2312 POLE	LINE RD E							!
TWIN FALLS, ID 83301								1
	Note: The Re	gistered Of	fice addre	ess must be a pl	nysical Ida	aho addre	ess (no postal box).	i N
(3) New Reg	gistered Agent (RA) Sign	ature:						
			If a new a	agent is appointed	in item (2)	above the	new arjent must sign here to accept the appointme	ent
(4) Corporation	ns: Enter names and business a	ıddresses (v	vith zip co	de) of the Preside	ent, Vice P	resident,	Secretary, Treasurer.	
Title	Name		Busine	ess Address			City, State, Zip	
DESIDENT	- ALPHONSE R GA	MACHE	2312	POLELINE	RD.	£ .	Twin Falls ID 83301	
SEC.	GERRIE L GAMACHE			POLELINE	RO.	E	Twin FAUS, TD. 83301	
								,
(5) Board of Di	irectors names and business ad	dresses (wit	th zip code	e). Attach additio	nal sheet i	f necessa	ry.	
Name Busine			ess Add	ress			City, State, Zip	
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		1/-	/ [/	/				
(5) Signature:	(Sphinul)	Tame	rch.		(6) [	Date: 5	-14-19	
(7) Type/Print N	Name: ALPhonSE f	₹ <u>′</u> Ga	MAC	HE	(8)	itle: Pe	ESIDENT	

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