



Idaho Corporation Annual Report Form

| Annual Report: | No filing fee if red | ceived by the due date. |
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| | Idaho Corporation Annual Report Form | | | | | |
|---|--------------------------------------|--|--|--------------------------|--|---|
| | File online at: sos | e online at: sosbiz.idaho.gov e no later than: 03/31/2021 | | | Return completed form within 30 Idaho Secretary of State | |
| | Due no later than: (| | | | | |
| | | | | | Attn: Annual Reports 450 North 4th Street | , 2 |
| Annual Report: No filing fee if received by the due date. | | | | 7 | Boise, ID 83720 | 7 |
| | | , | | | Phone: (208) 334-2300 | 2/ |
| SOS Control | Number: 209374 | | Filing Status: Active-Good | Standing | | N 2 |
| General Business Corporation (D) | |) [| Date Formed: 03/11/1981 Formation Locale: ID | | | 21 |
| Name and M | failing Address: | | | (1) Add or C | Change Mailing Address: | N |
| | WBOY SUPPLY, INC | C. | | | | |
| 415 N 21ST | | | | | | 4 |
| CALDWELL, | ID 83605-4355 | | | | | PM |
| _ | | | | | | |
| Registered / | Agent (RA) and Reg | istered Offic | ce (RO) Address: | (2) Change | RA and/or RO Address: | Z e c |
| MOLLY MENCHACA | | | | To various into Addicas. | Õ | |
| 415 N 21ST | | | | | | , L |
| CALDWELL, | ID 83605 | | | | | ceived |
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| | Note: Th | a Barristarad A | iffico addresa must be a abusia | al lalaba adı | duana (ma mantal bass) | Уq |
| | | | ffice address must be a physic | ai idano add | aress (no postai box). | Ħ |
| (3) New Regi | istered Agent (RA) : | Signature: | If a new agent is appointed in iter | n (2) ahova ti | he new agent must sign here to accept the ap | |
| (4) Corporations | s. Enter names and husin | ess addresses (| (with zip code) of the President, V | | | opointrient O |
| Title | Name | | Business Address | | City, State, Zip | |
| PRes | 10- 11 100 | enchace | 415N 21st Aven | | Caldwell, IDSHO | 83405 |
| Sec | | cent | 415N 2157 Aven | | CAldwell Institu | 83425 |
| | | | | | | - ' |
| | | | | | | _ |
| | ectors names and busines | | ith zip code). Attach additional st | neet if neces | sary. | Ĭ, |
| Name | | Busin | Business Address | | City, State, Zip | |
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(5) Signature: (6) D (8) Title: (7) Type/Print Name: Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.