



0005215566

**STATE OF IDAHO***Office of the secretary of state, Phil McGrane***ANNUAL REPORT**

Idaho Secretary of State
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File #: 0005215566

Date Filed: 5/1/2023 1:03:40 PM

| Entity Name and Mailing Address: Entity Name: ASCORP, INC. The file number of this entity on the records of the Idaho Secretary of State is: 0000305027 Address 217 COLLEGE AVE STE 5 OROFINO, ID 83544 | | | | | | | | | | | | | |
|--|-----------|--|-------|------------------|----------------|-----------|--|----------------|-----------|--|----------------|-----------|--|
| Entity Details: Entity Status Active-Good Standing This entity is organized under the laws of: IDAHO If applicable, the old file number of this entity on the records of the Idaho Secretary of State was: C98554 | | | | | | | | | | | | | |
| The registered agent on record is: Registered Agent LONNIE SIMPSON Registered Agent Physical Address 217 COLLEGE AVE STE 5 OROFINO, ID 83544 Mailing Address PO BOX 363 OROFINO, ID 83544-0363 | | | | | | | | | | | | | |
| Corporate Officers and Directors: <table border="1"> <thead> <tr> <th>Name</th> <th>Title</th> <th>Business Address</th> </tr> </thead> <tbody> <tr> <td>Lonnie Simpson</td> <td>President</td> <td>PO BOX 363 217 COLLEGE AVE STE 5 OROFINO, ID 83544</td> </tr> <tr> <td>Heather Storms</td> <td>Treasurer</td> <td>PO BOX 363 217 COLLEGE AVE STE 5 OROFINO, ID 83544</td> </tr> <tr> <td>Heather Storms</td> <td>Secretary</td> <td>PO BOX 363 217 COLLEGE AVE STE 5 OROFINO, ID 83544</td> </tr> </tbody> </table> | | Name | Title | Business Address | Lonnie Simpson | President | PO BOX 363 217 COLLEGE AVE STE 5 OROFINO, ID 83544 | Heather Storms | Treasurer | PO BOX 363 217 COLLEGE AVE STE 5 OROFINO, ID 83544 | Heather Storms | Secretary | PO BOX 363 217 COLLEGE AVE STE 5 OROFINO, ID 83544 |
| Name | Title | Business Address | | | | | | | | | | | |
| Lonnie Simpson | President | PO BOX 363 217 COLLEGE AVE STE 5 OROFINO, ID 83544 | | | | | | | | | | | |
| Heather Storms | Treasurer | PO BOX 363 217 COLLEGE AVE STE 5 OROFINO, ID 83544 | | | | | | | | | | | |
| Heather Storms | Secretary | PO BOX 363 217 COLLEGE AVE STE 5 OROFINO, ID 83544 | | | | | | | | | | | |
| The annual report must be signed by an authorized signer of the entity. Job Title: President | | | | | | | | | | | | | |
| Sign Here | | | | | | | | | | | | | |
| <i>05/01/2023</i> Date | | | | | | | | | | | | | |

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