



## **Idaho Corporation Annual Report Form**

File online at: SOSBIZ.idaho.gov

Due on/Before: 01/31/2018

Reporting Year: 2017

<b>Annual Report:</b>	No filing fe	e if received	by due date.
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If reinstatement is required, the reinstatement fee is \$30.00.

Return completed form within 30 days to:

Lawerence

Denney

Idaho Secretary of State Attn: Annual Reports 700 West Jefferson, E205 450 North 4th Street

Boise, ID 83702 Phone: (208) 334-2300

Non-Profit Corporation (D)  Date Formed: 01/16/1947  Formation Locale: ID  Name and Mailing Address:  LT. LEIGHTON D. PATTERSON POST NO. 3886, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INCORPORATED PO BOX 334  CALDWELL, ID 83605  Registered Agent (RA) and Registered Office (RO) Address:  NO AGENT  AGENT RESIGNED OR INVALID  BOISE, ID 83702 (ADA)  Note: The Registered Office address must be an Idaho address.  (3) New Registered Agent (RA) Signature:  If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.  (4) Corporations: Enter names and business addresses (with zip code) of the President, Vice President, Secretary, Treasurer.  Title  Name  Business Address  City, State, Zip  ROSIDANT  City, State, Zip	SOS Control Nu	mhar	82463	F	ilina Status:	Inactive-Dis	solved	<b>▼</b> Reins	tate Entity (\$30 fee)
Name and Mailing Address:  LT. LEIGHTON D. PATTERSON POST NO. 3886, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INCORPORATED PO BOX 334 CALDWELL, ID 83605  Registered Agent (RA) and Registered Office (RO) Address:  NO AGENT AGENT RESIGNED OR INVALID BOISE, ID 83702 (ADA)  Note: The Registered Office address must be an Idaho address.  (3) New Registered Agent (RA) Signature:  If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.  (4) Corporations: Enter names and business addresses (with zip code) of the President, Vice President, Secretary, Treasurer.  Title  Name  Business Address  City, State, Zip  (5) Board of Directors names and business addresss (with zip code). Attach additional sheet if necessary.  (6) Date:  (6) Date:  (7) Add or Change Mailing Address:  LT. Leighton D. Patkroon BSJ 28896.  LT. Leighton D. Patkroon BSJ 28896.  (2) Change RA and/or RO Address:  TEVO Melinan  LT. Leighton D. Patkroon BSJ 28896.  (2) Change RA and/or RO Address:  TEVO Melinan  LT. Leighton D. Patkroon BSJ 28896.  (2) Change RA and/or RO Address:  TEVO Melinan  LT. Leighton D. Patkroon BSJ 28896.  (2) Change RA and/or RO Address:  TOWN Melinan  Registered Agent (RA) Signature:  TOWN Melinan  Business Address  City, State, Zip  (6) Date:  City, State, Zip	303 Control Number.		02400	•	ming Otatas.			A remotate Entity (\$60 100)	
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Title Name Business Address City, State, Zip  President Army m. Valade Z. 10. Box 32H Inditable 100 Caldwell, 10. 8405  Tregurer Trevor Meligan P.O. Box 33H Caldwell, 10. 8405  (5) Board of Directors names and business address (with zip code). Attach additional sheet if necessary.  Name Business Address City, State, Zip  (6) Date: 10. 2413	(4) Corporations: Er			-					
President Army m. Valade 2. 10. Box 334, tathwell the to laid well, 10. 8405  Treasurer Trevor Meligan 1.0. Box 334 La diwell, 10. 8405  (5) Board of Directors names and business address (with zip code). Attach additional sheet if necessary.  Name  Business Address  City, State, Zip  (6) Date: 10 24 18					<del></del>		•		
Treagurer Trevor Metigan 1.0, Pool 334 Caldwell 10 83 05  (5) Board of Directors names and business address (with zip code). Attach additional sheet if necessary.  Name  Business Address  City, State, Zip  (5) Signature: The state of the s		<u> </u>	ım.Val	ado7			HAPH ING TOO	<del>                                     </del>	D 821005
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Name  Business Address  City, State, Zip  (5) Signature: (6) Date: 10/24/18				J		<del>// - / - / - / - / - / - / - / - / - / </del>			
Name  Business Address  City, State, Zip  (5) Signature: (6) Date: 10 24 18					<u> </u>				
(5) Signature: \( \tag{6}\) Date: \( \tag{0}\) \( \tag{4}\)	(5) Board of Director	rs names a	and business ad	dress (with 2	zip code). Attac	ch additional she	eet if necessary.	· · · · · · · · · · · · · · · · · · ·	
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(7) Type/Print Name: TV2 ACL VV aC	(5) Signature:	$\mathcal{L}$	<u> </u>				(6) Date:	SILVER	
	(7) Type/Print Name	-TR+	une ha	ELIGAA	1		(8) Title: TY0	nairec	

Instructions: Legibly complete the form above. Enclose a check made payable to the Idaho Secretary of State for \$30 if reinstating. Sign and date this form and return to the address provided above.