| No. C 134574 | Due no later than Jun 30, 2014 Annual Report Form 1. Mailing Address: Correct in this box if needed. BOMAR CONSTRUCTION AND LOGGING INC E 12782 BUNCO ROAD ATHOL ID 83801 | | | 2. Registered Agent and Office (NOT A P.O. BOX) RICK BOMAR E 12782 BUNCO ROAD ATHOL ID 83801 | | | |
|---|--|---|--|--|--|---|----------------|
| Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 | | | | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | _ | V. | | 3. <u>New</u> Registere | ed Agent Signature. | |
| 4. Corporations: Enter Office Held - Packident Secretary As | Name Nick- | e Street | or PO Address Bar Er Gunca | City Wed Q | State Coun | itry Postal Coo Kootsmai 838 | de |
| 5. Organized Under the La | ws of: 6. | | | | | | |
| , | | o. Signature: | | | | Date: | |
| IDAHO C 134574 | | Name (type or print): | | | | 4-18-20 | 14 |
| | | | | | Title: | | |
| | | RICK I | BOMAR | | | preouder | <u>vit</u> |
| Issued 04/14/2014 by JL1 | | | | | | | 11958 |
| INST | TRUCTI | ONS FOR TH | HE IDAHO AN | NNUAI | L REPORT | FORM | |
| Block 1: Entity name ma correct mailing address is no corrected address must be | ót given in B | Block 1, strike it out | | | | | |
| Block 2: To change the regot the registered agent mus | gistered ager st be at a stro | nt or office, strike th eet address in Idaho | e incorrect information, not a Post Office | ion and wr Box or P | ite in the correct i 'ersonal Mail B o | nformation. Note: T x. | The office |
| Block 3: Only a new regist | tered agent r | must sign in Block 3 | • | | | | |
| Block 4: Enter names and stame as above. These please add an attachment. | business add will not be | fresses of president, accepted. Change | secretary, and directs here will not aff | ctors. Not fect the a | e: <u>DO NOT</u> put " ddress in Block | same as last year' 1. If more space is | " or needed |
| Block 5: May not be altered | d through th | e use of this form. | • | | | | |
| Block 6: The annual report below the signature. | t must be sig | ined by a person aut | thorized to represent | t the corpo | ration. Print or ty | pe the name of the : | signer |
| ** The image of this for | m will be a | vailable on the int | ernet once it has l | been file | i. DO <u>NOT</u> enter | Social Security n | umbers |
| If the corporation is no long www.sos.idaho.gov. Howeve terminate the legal existence | er, if no time | ely annual report is t | filed, administrative a | action will | be taken, at no co | ost to the corporation | |

If the document is incorrect, is there a telephone number to reach you for corrections?

POSTMARK DATES WILL NOT BE ACCEPTED