



## **Idaho Corporation Annual Report Form**

File online at: SOSBIZ.idaho.gov

Due on/Before: 01/31/2019

Reporting Year: 2018

Return completed form within 30 days to:

Idaho Secretary of State Attn: Annual Reports 450 North 4th Street Boise, ID 83702

Phone: (208) 334-2300

Annual Report: No filing fee if received by due date.

If reinstatement is required, the reinstatement fee is \$30.00.

SOS Control Number: 183706 General Business Corporation (D) Filing Status: Active-Good Standing

Date Formed: 01/12/1978

Formation Locale: ID

Name and Mailing Address:

BONNERS FERRY FUNERAL HOME, INC.

P. O. BOX 1108

**BONNERS FERRY, ID 83805** 

(1) Add or Change Mailing Address:

Registered Agent (RA) and Registered Office (RO) Address:

MICK M MELLETT 6485 HARRISON ST BONNERS FERRY, ID 83805 (2) Change RA and/or RO Address:

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.

Name	Business Address	City, State, Zip
Mick M. Mellett	P.O. Box 1108	Bonners Ferry, ID 83805
Margaret Pyette	P.O. Box 1108	Bonners Ferry, Idaho 83805
Margaret Pyette	P.O. Box 1108	Bonners Ferry, Idaho 83805
	Mick M. Mellett Margaret Pyette	Mick M. Mellett P.O. Box 1108  Margaret Pyette P.O. Box 1108

(5) Board of Directors names and business address (with zip code). Attach additional sheet if necessary.

Business Address	City, State, Zlp
P.O. Box 1108	Bonners Ferry, Idaho 83805
P.O. Box 1108	Bonners Ferry, Idaho 88305
1216 8th Ave	Havre, Montana 59501
602 Del Pilar Dt	Groveland, FL 234736
	P.O. Box 1108  P.O. Box 1108  1216 8th Ave

(5) Signature:

(7) Type/Print Name:

Mick M. Mellett

(6) Date:

01-29-2019

(8) Title: Pres.

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.