



## **Idaho Corporation Annual Report Form**

File online at: sosbiz.idaho.gov

Due no later than: 06/30/2021

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

Return completed form within 30 days to: Idaho Secretary of State

Idaho Secretary of State Attn: Annual Reports 450 North 4th Street Boise, ID 83720

| Ani  | nual Report: No filing re       | e ii receive  | ed by the due date.   | Phor                 | ne: (208) 334-2300             | 26/                |
|--|---------------------------------|---------------|---|----------------------|--------------------------------|--------------------|
| SOS Control Number: 506945 General Business Corporation (D)  |                                 |               | Filing Status: Active-Good Standing  Date Formed: 06/01/2006 Formation Locale: ID |                      |                                | 2021               |
| Name and Mailing Address: SILVER SAGE INVESTMENT, INC. 13542 ROOSEVELT AVE NAMPA, ID 83686-8004  |                                 |               | (1) Add or Change Mailing Address:  |                      |                                | 12:32              |
| -  | Agent (RA) and Registe          | ered Office   | (RO) Address:   | (2) Change RA a      | and/or RO Address:             | PM Re              |
| DIXIE V BL<br>13542 ROC<br>NAMPA, ID   | SEVELT AVE                      |               |   |                      |                                | ceived             |
| (3) New Re   | Note: The Ro                    |               | ice address must be a physi   | cal Idaho address    | s (no postal box).             | ЬУ ]               |
| (5) New Ite  | giatered Agent (IVA) Olg        |               | If a new agent is appointed in ite  | em (2) above, the ne | w agent must sign here to acco | ept the appointmen |
| (4) Corporatio   | ns: Enter names and business    | addresses (w  | ith zip code) of the President,   | Vice President, Se   | cretary, Treasurer.            | ស្                 |
| Title  | Name                            |               | Business Address City, S  |                      | City, State, Zip               | U.                 |
| Pres.  | Divie V. Bli                    | me            | 13542 BOO   | severt               | Nampa,                         | ED 83686           |
|  |                                 |               | t .   |                      |                                | - ct               |
| -  |                                 | -             |   |                      |                                |                    |
| (5) Board of D   | lirectors names and husiness a  | dresses (with | zin code) Attach additional   | sheet if necessary   |                                | <u> </u>           |
| (5) Board of Directors names and business addresses (with zip code). Attach additional sheet if necessary.  Name  Business Address  City, State, Zip |                                 |               |   |                      |                                | <u>О</u>           |
| Name Bu  |                                 | Dusine        | ss Address  |                      | City, State, Zip               | Ø                  |
|  |                                 |               |   |                      |                                | तं                 |
|  |                                 |               |   | -                    |                                | <u>p</u>           |
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|  |                                 |               |   |                      |                                | 36                 |
|  | <u></u>                         |               |   |                      |                                | <u> </u>           |
|  | _                               | Δ.            |   |                      |                                | , en               |
| (5) Signature:   | 1 min 1                         | <u> BDa</u>   | me  | (6) Date:            | 7-21-202                       | <u> </u>           |
| (7) Type/Print I   | Name: Disiral I                 | RIA           | M a   | (8) Title: P         | 7-21-202<br>resident           | Õ                  |
| , , ,,   | VIXIE-V.                        | 0(0)          |   | ·                    | · = 3 1 UE/I                   | <u>_</u>           |
| Instructions:  | : Legibly complete the form abo | ve. Sign and  | date this form and return to th   | e address provide    | d above.                       | Den                |