



## **Idaho Corporation Annual Report Form**

File online at: sos.idaho.gov

Due no later than: 06/30/2019

Return completed form within 30 days to:

Idaho Secretary of State Attn: Annual Reports 450 North 4th Street

Annual Report: No filing fee if received by the due date.				Boise, ID 83720 Phone: (208) 334-2300	79.7
SOS Control Number: 278294 Non-Profit Corporation (D)		Filing Status: Ac Date Formed: 06		anding Formation Locale: ID	
		PRSEMEN, INC.	(1) A	Add or Change Mailing Address:	9 3:22 PM
Registered Ag PAUL BOGAR 1049 RIPON A LEWISTON, II	AVE	red Office (RO) Address	: (2) (	Change RA and/or RO Address:	
(2) Now Posic		gistered Office address must	be a physical Ida	aho address (no postal box).	d by ID
<u> </u>	tered Agent (RA) Sigi	if a new agent is app		ahove, the new agent must sign here to accept the	
	Enter names and business	addresses (with zip code) of the	President, Vice P	resident, Secretary, Treasurer.	e
Title	Name	Business Add	ress	City, State, Zip	ii ii
RESIDENT	LAUL BOGAR	1049 K	IPON AVE	LEWISTON, IT	<u> </u>
V. YRES.	DAN FLAMAGA			ST CLARKSTON, WA.	9940
DECRETARY	SUSAN PAULS		R AVE	LEWISTON, D.	83504
IKEAS /	CONNIE RA	CER 29313 C/	HRDINAL	LANE LAPWAI, I	83540
	tors names and business ad	dresses (with zip code). Attach	additional sheet i	f necessary.	, Ă
Name		Business Address	;	City, State, Zip	v v
					ct QQ
					<u></u>
					0
					<u>\$</u>
					awer •
			·		<u> </u>
(5) Signature:	usan tau	Son	(6) D	ate <b>G-24-2019</b>	ence
(7) Type/Print Nam	ne: SUSAN	PAULSON	(8) T	itle: SECRETARY	
Instructions: Le	gibly complete the form above	ve. Sign and date this form and	return to the addr		Denn