



Reset Form



FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Base Filing fee: \$100.00 + \$20.00 for manual processing (form must be typed)

For Office Use Only

-FILED-

File #: 0006218153

Date Filed: 4/23/2025 10:18:00 AM

1. The name of the entity is: Swipe Out Hunger
2. The name which it shall use in Idaho is: Swipe Out Hunger Inc
(Enter a name here, only if you are required to adopt an alternate name)
3. Select the type of entity you wish to register:
- | | |
|---|--|
| <input type="checkbox"/> Business Corporation | <input type="checkbox"/> General Partnership |
| <input checked="" type="checkbox"/> Nonprofit Corporation | <input type="checkbox"/> General Cooperative Association |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Limited Partnership (Including a limited liability limited partnership) |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Statutory Trust, Business Trust, or Common-law Business Trust |
| <input type="checkbox"/> Other: _____ (Use "Other" only if your foreign entity type is not listed above, and enter the type here.) | |

4. Jurisdiction of formation: Los Angeles, CA
(Provide the domestic jurisdiction where the entity was formed)

5. The address of its principal office is:
823 N Balsam Street Boise, ID 83706
(Street Address)

(Mailing Address, if different)

6. The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:

(Street Address)

(Mailing Address, if different)

7. The mailing address to which correspondence should be addressed, if different from item 5, is:
440 N Barranca Ave #6117 Covina, CA 91723
(Address)

8. Name and street address of registered agent in Idaho:
Jaime Hansen 823 N Balsam St Boise, ID 83706
(Name and Address)

9. The name, capacity, and mailing address of at least one governor:
- | | | |
|--------------------|------------------|---|
| <u>David Croom</u> | <u>President</u> | <u>816 Kennedy St NW, Apt 3 Washington DC 20011</u> |
| (Name) | (Capacity) | (Address) |

(Name)

(Capacity)

(Address)

Secretary of State use only

Typed Name: Jaime Hansen

Signature: _____

Capacity: President & CEO



Secretary of State

Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: SWIPE OUT HUNGER
Entity No.: 3356667
Registration Date: 02/08/2011
Entity Type: Nonprofit Corporation - CA - Public Benefit
Formed In: CALIFORNIA
Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of April 18, 2025.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 319012827

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.