



## **Idaho Corporation Annual Report Form**

File online at: sosbiz.idaho.gov

Due no later than: 07/31/2021

## Return completed form within 30 days to:

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

| Annual Report: No filing fee if received by the due date.  |   |                    |                                     |                      | Boise, ID 83720<br>Phone: (208) 334-2300 |                                       |
|--|---|--------------------|-------------------------------------|----------------------|--|---------------------------------------|
| SOS Control Number: 63583                                  |   |                    | Filing Status: Active-Good Standing |                      |  | N                                     |
| Non-Profit Corporation (D)                                 |   |                    | <del></del>                         |                      | nation Locale: ID                        | <u></u>                               |
| SOUTH FIELD<br>PO BOX 205                                  | ailing Address:<br>DIRRIGATION COM<br>ON, ID 83223-0205 | PANY (TH           | E)                                  | (1) Add or Chan      | ge Mailing Address:                      | 9:44                                  |
|  |   |                    |                                     |                      |  | A<br>M                                |
| Registered A<br>CLARENCE F<br>133 S 2ND EA<br>PARIS, ID 83 | AST   | stered Off         | ice (RO) Address:                   | (2) Change RA        | and/or RO Address:                       | ece i ve d                            |
| (2) Now Posic  |   | _                  | Office address must be a physi      | cal Idaho addres     | s (no postal box).                       | OI Ve                                 |
| (3) New Regis  | stered Agent (RA) S                                     | ignature.          | If a new agent is appointed in ite  | em (2) above, the ne | ew agent must sign here to accept th     |                                       |
| (4) Corporations:  | Enter names and busine                                  | ss addresses       | (with zip code) of the President,   | Vice President, Se   | ecretary, Treasurer.                     | Ø                                     |
| Title  | Name  |                    | Business Address                    |                      | City, State, Zip                         |                                       |
| President  | Brad Wilk   | <del>''</del> 'S / | 612 S4W                             | _                    | Paris Idaho                              | 8326/                                 |
| Sec.   | Kobert Ward   |                    | 14Ecanyon St.                       |                      | Bloomingtu To                            | 83223P                                |
| (5) Board of Dire  | ctors names and business                                | addresses (        | with zip code). Attach additional s | sheet if necessary   |  |                                       |
| Name   |   | Busi               | Business Address                    |                      | City, State, Zip                         |                                       |
|  |   |                    |                                     |                      |  |                                       |
|  |   | <del></del>        |                                     |                      |  | # # # # # # # # # # # # # # # # # # # |
|  |   |                    |                                     |                      |  |                                       |
|  |   |                    |                                     |                      |  |                                       |
|  |   |                    | ·                                   |                      |  | √a                                    |
|  |   |                    |                                     |                      |  | <del></del>                           |
| (5) Signature:   | Pobert War  | 9                  |                                     | (6) Date: 6          | -14-2021                                 |                                       |
| (7) Type/Print Name: Rober Tward (8) Title                 |   |                    |                                     |                      | -14-2021<br>-Cretary                     | _                                     |
| ··· ·  |   | 1/-                | · <del>-</del>                      |                      |  |                                       |

Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.